

CARDIGANSHIRE COUNTY COUNCIL

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ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH and PRINCIPAL SCHOOL MEDICAL OFFICER for the year 1966

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County Medical Officer,
Principal School Medical Officer.

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ABERYSTWYTH

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CARDIGANSHIRE COUNTY COUNCIL.

Chairman 1965-67—

Alderman T. D. G. WILLIAMS

Alderman D. H. JONES

HEALTH COMMITTEE—

Chairman 1962-67—Councillor the Rev. T. PUGH JARMAN
and all Members of the Council

HEALTH SUB-COMMITTEE—

Chairman 1962-67—Councillor the Rev. T. PUGH JARMAN
plus the Chairman and Vice-Chairman of the Health Committee, all Lady Members of the Council, 17 other Members of the Council, 1 representative of the Mid-Wales H.M.C., 1 representative of the South West Wales H.M.C., and 2 representatives of the Local Medical Committee

MENTAL HEALTH SUB-COMMITTEE—

Chairman 1962-67—Councillor the Rev. T. PUGH JARMAN
plus the Chairman and Vice-Chairman of the Health Committee, 7 Members of the Council, 2 Members of the County Education Committee, 1 representative of the South Wales and Monmouthshire Branch of the National Society for Mentally Handicapped Children, Dr. S. G. Budd, Dr. Michael Craft and Dr. Sidney Davies

BRYNTIRION HOUSE COMMITTEE—

Chairman 1961-67—Councillor JOHN LEWIS

Alderman W. M. DAVIES, J.P.

plus the Chairman and Vice-Chairman of the Health Committee, 9 Members of the Council, Mrs. D. E. B. Jones and Dr. Sidney Davies

AMBULANCE SUB-COMMITTEE

Chairman 1962-67—Councillor the Rev. T. PUGH JARMAN
plus the Chairman and Vice-Chairman of the Health Committee, 17 Members of the Council, together with 1 representative of the St. John Ambulance Association, 1 representative of the British Red Cross Society, 2 Members of the medical profession, 1 representative of the Mid-Wales H.M.C., 1 representative of the South West Wales H.M.C., and 1 representative of the New Quay Ambulance Committee

HOME HELP ADVISORY COMMITTEE—

Chairman 1962-67—Councillor the Rev. T. PUGH JARMAN
plus the Chairman of Finance Committee, Chairman of Welfare Committee and Chairman and Vice-Chairman of the Health Committee

COUNTY EDUCATION COMMITTEE—

Chairman 1961-67—Alderman W. M. DAVIES, J.P.
plus all Members of the County Council and 10 co-opted members

There is no School Health Sub-Committee as such and all health questions are considered by the appropriate sub-committees of the Education Committee.

Health Officers of the Authority.

County Medical Officer and Principal School Medical Officer ...	I. MORGAN WATKIN, Ph.D. (Lond.), M.Sc., M.B., B.Ch., D.P.H. (Wales).
Deputy County Medical Officer and Deputy Principal School Medical Officer	JOSEPH R. JONES, B.Sc., M.B., B.Ch. (Wales), D.P.H. (Liverpool), D.R.C.O.G. (Resigned 30.4.66) CLEMENT D. EDWARDS, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.I.H. (Eng.), D.P.H. (Eng.). (Commenced 1/5/66)
Assistant Medical Officers ...	GWEN BEVAN, B.Sc. (Wales), M.R.C.S. (Eng.) L.R.C.P. (Lond.). BERYL EVANS THOMAS, M.B., B.Ch. (Wales), D.C.H. (Lond.), D.P.H. (Lond.) W. J. ST. ERVYL-GLYNDWR RHYS, M.A. (Cantab.), B.Sc. (Wales), M.B., B.S. (Lond.), M.R.C.O.G., D.P.H. (Wales) (Commenced 29.9.66)
Principal School Dental Officer ...	W. D. PERCIVAL EVANS, J.P., L.D.S., R.C.S. (Eng.)
School Dental Officers	E. BYRON LLOYD, L.D.S., R.C.S. (Eng.). S. D. NEALE, L.D.S., B.D.S. (Birm.)
Chief Nursing Officer, Supervisor of Midwives and Chief Health Visitor	MRS. A. M. DUDLEY-THOMAS, S.R.N., S.C.M., T.B. CERT., H.V. CERT.
Deputy Chief Nursing Officer, Deputy Supervisor of Midwives and Deputy Chief Health Visitor ...	MISS A. E. DAVIES, S.R.N., S.C.M., H.V. CERT.
Public Health Inspector	EVAN RICHARDS, A.A.L.P.A., M.R.S.I., CERT. S.I.B.
Psychiatric Social Worker ...	MRS. E. MAIR PIETTE, B.A. (Birm.), Cert. Mental Health (Lond.) (commenced 3/10/66)
County Mental Welfare Officer ...	J. R. EVANS, C.S.W., Aberystwyth
District Mental Welfare Officers ...	T. ALUN EVANS, Aberaeron (part time) T. S. EVANS H. A. LLOYD (Commenced 1/11/66) W. J. MORRIS (part time)
Home Help Organiser ...	Miss M. G. REES
Assistant Home Help Organiser ...	Miss M. JONES
County Analyst	D. C. JENKINS, M.Sc., F.R.I.C., F.C.S.
Ambulance Sub-Controller ...	J. C. BLAYNEY (Commander of the Order of St. John), F.I.A.O.
Health Visitors (each holding the H.V. Certificate of the Royal Sanitary Institute)	Miss D. M. DAVIES, J.P., S.R.N., S.C.M. Miss VALMAI DAVIES, S.R.N., S.C.M. Miss C. HUGHES EVANS, S.R.N., S.C.M. Miss E. A. V. JENKINS, S.R.N., S.C.M. Miss N. N. JONES, S.R.N., S.C.M. (Resigned 15.4.66) Mrs. MARY LEWIS, S.R.N., S.C.M. Miss D. J. MORGAN, S.R.N., S.C.M. Miss E. A. MORGAN, S.R.N., S.C.M. Miss N. MORGAN, S.R.N., S.C.M. Miss M. MORRIS, S.R.N., S.C.M. Mrs. S. E. MORRIS, S.R.N., S.C.M. Miss S. E. N. MORGAN, S.R.N., S.C.M.

Orthopaedic Sister	...	...	Mrs. WINIFRED KOLCZAK, S.R.N., O.N.C.
District Nurse/Midwives	...	...	Nurse A. B. ATKINS, S.R.N., S.C.M., Aberaeron Nurse D. BEVAN, S.R.N., S.C.M., Llanfarian Nurse S. E. BOAST, S.R.N. (County Relief) Nurse G. E. BOORE, S.R.N., S.C.M., Llandysul Nurse M. BOWEN, S.R.N., S.C.M., Llangranog Nurse A. DAVIES, J.P., S.C.M., Henllan Nurse A. M. DAVIES, S.R.N., S.C.M. (County Relief) Nurse E. H. DAVIES, S.R.N., S.C.M., Silian Nurse R. C. B. DAVIES, S.R.N., S.C.M., Llanwenog Nurse R. S. DAVIES, S.R.N., S.C.M., Llanarth (Resigned 31.1.66) Nurse J. H. DINGLEY, S.R.N., S.C.M., Aberystwyth Nurse E. M. A. EDWARDS, S.R.N., S.C.M., Tregaron Nurse D. ESAU, S.R.N., S.C.M., Aberporth Nurse M. E. EVANS, S.R.N. (County Relief) Nurse M. H. EVANS, S.R.N., S.C.M., Aberystwyth Nurse M. M. EVANS, S.R.N., S.C.M., Glandyfi Nurse M. E. T. GWYNNE, S.C.M. (Llanafan) Nurse J. A. HARRHY, S.C.M., Mid-Aeron Nurse M. R. HARRIES, S.R.N., S.C.M., Lampeter Nurse S. M. HUGHES, S.R.N., Devil's Bridge Nurse E. J. JOHN, S.R.N., S.C.M., Llangeitho Nurse D. E. JONES, S.R.N., S.C.M., Llechryd Nurse GLADYS JONES, S.R.N., S.C.M., Melindwr Nurse I. M. JONES, S.R.N., S.C.M., Aberystwyth Nurse M. J. JONES, S.R.N., S.C.M., Llanrhystud Nurse VERA JONES, S.C.M., Cardigan (St. Dogmaels) Nurse E. A. LEWIS, J.P., S.R.N., S.C.M., Rhydlewes Nurse G. H. LEWIS, S.R.N., S.C.M., Cardigan (Verwig) Nurse E. DAVIES, S.R.N., S.C.M., Llanarth (Commenced 17.1.66) Nurse E. A. G. MORGAN, S.R.N., S.C.M., Pontrhyll- fendigaid

Nurse M. M. MORGAN, S.C.M., Talybont
 Nurse G. MORRIS, S.R.N. (County Relief)
 Nurse E. E. NORTHAM, S.R.N. (County Relief)
 Nurse R. M. REES, S.R.N., S.C.M., New Quay
 Nurse FRANKLIN THOMAS, S.R.N., Borth
 Nurse D. WALTERS, S.R.N., S.C.M., (County Relief)
 Nurse M. WILLIAMS, S.R.N., S.C.M., Rhydypennau
 Nurse M. E. JENKINS, S.R.N., S.C.M. (Temporary Relief) (Commenced 1.11.66)

Dental Attendants MRS. D. M. WATSON, S.R.N.
 MISS W. A. P. MILLS
 MISS PATRICIA THOMAS

Consultant Educational Psychologist CYRIL B. E. JAMES, Ph.D., B.A., B.Ed., F.B.Ps.S.
 (part time)

Speech Therapist (part time) ... MRS. B. EDWARDS (Resigned 31.3.66)
 MRS. J. E. HOLDING, L.C.S.T. (Commenced 10.11.66)

Chief Clerk D. OLIVER MORGAN.

Officers of the Regional Hospital Board who provide Specialist Services for the County Council.

Chest D. LLEWELYN DAVIES, M.R.C.S. (Eng.) ; L.R.C.P. (Lond.)
 J. T. JONES, B.Sc., M.B., B.Ch. (Wales)
 G. O. THOMAS, M.D. (L'pool) ; M.B., Ch.B. (L'pool)

Ophthalmic T. EVANS JONES, M.R.C.S. (Eng.) ; L.R.C.P. (Lond.) ;
 D.O.M.S. (Eng.)

Orthopaedic I. L. MACFARLANE, F.R.C.S. (Eng.) ; M.Ch. (Ortho.)
 (L'pool)

Ear, Nose and Throat SALATHIEL MORGAN, M.B., B.Ch. (Wales) ; F.R.C.S.
 (Edin.)

Psychiatry JOHN FARR, M.B., B.S. (Lond.) ; D.P.M. (Eng.)
 E. J. EURFYL JONES, M.A. (Oxon.) ; B.M., B.Ch. (Oxon.), D.P.M. (Eng.).

Psychiatry (Sub-normal) MICHAEL J. CRAFT, M.D. (Lond.), M.B., B.S.,
 M.R.C.P.Ed., D.P.M. (Eng.)

Child Psychiatry... J. McDONALD, M.A. (Glas.), M.B., Ch.B., D.P.M. (Eng.)
 EVAN W. DAVIES, M.B., B.Ch. (Wales) ; D.P.M. (Eng.)

Geriatrics J. C. DAVIES, M.B., B.S. (Durh.), M.R.C.P. (Ed.).

Hon. Consultant Psychiatrist ... SIDNEY DAVIES, M.B., B.S. (Lond.), D.P.M.

Venereology H. VERNON WILLIAMS, M.R.C.S. (Eng.) ; L.R.C.P. (Lond.)

To the Chairman and Members of the Health Committee

I submit herewith, Mr. Chairman, the Annual Report of the Health Department for the year which ended on December 31st, 1966.

It is doubtful whether so many public health schemes have previously come to fruition in this county in the same calendar year. The new clinic at Aberystwyth which provides maternity and child welfare, dental, and child guidance facilities was completed early in the summer and the new clinic at Lampeter followed a month or so later. The extensions to Bryntirion, the Home for elderly confused ladies, were also brought to fruition in the early part of the summer.

The new Junior Training Centre named "Ysgol Bronaeron," Felinfach, was officially opened on May 20th by Councillor the Reverend T. Pugh Jarman, Chairman of the Health Committee. The chair at the proceedings which attracted a large gathering seated in the open air was taken by Alderman D. H. Jones, the Chairman of the County Council and the guest speakers were Alderman M. Ll. G. Williams, J.P., Chairman of the Joint Buildings Committee and "Father of the House", and Alun Owen, Esq., M.C., one of the Members of the Welsh Board of Health. The vote of thanks was proposed by R. G. Miller, Esq., Chairman of the National Society for Mentally Handicapped Children, South Wales Branch.

On June 3rd under an equally cloudless sky the Chairman of the Health Committee opened the extensions to Bryntirion Home. The chair on this occasion was taken by Councillor John Lewis, the Chairman of the House Committee, whose sudden death later in the year cast a shadow over the locality which he so faithfully served. The guest speakers were Miss Enid Lewis, Welfare Officer, Welsh Board of Health, and Dr. Eurfyl Jones, Deputy Physician Superintendent, St. David's Hospital, Carmarthen, who deputed for Dr. John Farr who was prevented at short notice from attending. A vote of thanks was proposed by Alderman W. Morgan Davies, J.P., the Vice-Chairman of the Bryntirion House Committee.

At Felinfach and at Bryntirion the proceedings were preceded by a short service of dedication conducted by Councillor the Reverend S. Idris Evans, Chaplain to the Cardiganshire County Council. The presentation of the key and plaque to the Chairman of the Health Committee was made in each instance by G. R. Bruce, Esq., A.R.I.B.A., the County Architect.

In December, delivery was received of the new mobile clinic which had been specially designed to meet the needs of a rural area such as Cardiganshire. An account of its work will appear in next year's report.

The demand for places at the new junior training centre at Felinfach exceeded the transport facilities of the three specially designed vehicles and as a consequence a further vehicle of similar design had to be ordered by the county council. Following the official opening a branch of the Mentally Handicapped Children's Society was set up and the attendance at meetings, due in part to the fascinating programme presented, shows it to be one of the most attractive societies in the county. Nor can one pass on without thanking all the kind people—they are too numerous to mention by name—who have sent gifts in kind and in cash to Ysgol Bronaeron during the year under review.

Apart from one outbreak of food poisoning among a number of guests who attended an annual dinner the year passed without any cause for concern from the standpoint of public health. On the wider front of health, it was with satisfaction that one noted the opening of the new Bronglais Hospital, Aberystwyth, a district general hospital for Mid-Wales. The improved facilities made available to the pathology and bacteriology department to carry out work on behalf of the Public Health Laboratory Service were most welcome.

Last but not least the repeated representations which the county council had made by letter and in person to the Welsh Hospital Board to provide a consultant child psychiatrist to cover South West Wales bore fruit and, for the first time ever, a child guidance clinic began to operate in Cardiganshire.

A more detailed account of the work of the department will be found in the ensuing pages.

At the Minister of Health's request I submit hereunder my views on the co-ordination of the Health Department's services in Cardiganshire with those of the Hospital and the General Practitioner.

Cardiganshire came under the day-to-day administration of three hospital management committees until a few years ago when the St. David's Mental Hospital Management Committee, Carmarthen, was fused with the West Wales Hospital Management Committee to yield the South West Wales Hospital Management Committee. Prior to the amalgamation the West Wales Hospital Management Committee administered the non-psychiatric services in the southern third of Cardiganshire while the remainder of the county came under the jurisdiction of the Mid-Wales Hospital Management Committee. The purpose of the amalgamation, as far as I could make out, was to bring the psychiatric and general hospital services under the wing of the Hospital Management Committee providing general services for the area. I doubt, however, whether this has in fact been achieved.

The psychiatric services in northern Cardiganshire, although they are only of an out-patient nature at the moment, are still the subject of discussion at liaison committee meetings convened by the South West Wales Hospital Management Committee and not by those of the Mid-Wales Hospital Management Committee. Such perhaps is the intention of the Welsh Hospital Board but it suggests that the integration of the psychiatric services with the other branches of medicine has not yet reached the hoped-for goal.

On the question of co-ordination and co-operation it is easier to commence with the Mid-Wales Hospital Management Committee where the county medical officer of Cardiganshire, in common with those of Merionethshire and Montgomeryshire, have since the inception of the Health Service been invited to attend the meetings of the Hospital Management Committee. They have been granted complete freedom to express their views though they naturally possess no voting power. The Minutes of the Hospital Management Committee are issued to the medical officers of health and all their county medical officers are members of the Group Medical Advisory Committee.

In the south of the county the situation is different. Before the disappearance of the St. David's Mental Hospital Committee the medical officer of health of Cardiganshire in common with those of Carmarthenshire and Pembrokeshire was invited to the meetings of the Hospital Management Committee. After the fusion the policy of the old West Wales Hospital Management Committee prevailed over the new committee. The medical officer of health of Cardiganshire, and I gather that the same is true of my colleagues in Carmarthenshire and Pembrokeshire, is not invited to the meetings of the South West Wales Hospital Management Committee nor does he receive the minutes of the committee. The medical officer of health of Cardiganshire is certainly not a member of the Group Medical Advisory Committee as are each of the medical officers in Mid-Wales. From what was stated at a meeting of the Welsh Hospital Board last year I understand that the South West Wales Hospital Management Committee holds the distinction of being the only Hospital Management Committee in Wales which does not invite the medical officers of health of the local health authorities which it covers to attend its meetings !

A Mental Health/Geriatric Liaison Committee has been established in the South West Wales Hospital Management Committee area to which Cardiganshire repre-

representatives are invited. Few would deny that it serves a useful purpose but in my view it covers nothing other than geriatrics in the non-psychiatric field and, as such, is considerably inferior in scope to the type of co-operation enjoyed in Mid-Wales.

The local health authority has not in the past been above reproach for although it had since 1948 co-opted general practitioners and a number of representatives from outside the council on its Health Committees neither the Mid-Wales nor the South West Wales Hospital Management Committees were represented. These defects were remedied three years ago and each now has one representative.

On the general practitioner side the medical officer of health of the county or his nominee is an *ex-officio* member of the local medical committee. In addition he happens to be a member of the Obstetrics Committee set up by the Executive Council. As the Executive Council offices are situated in the same building as the County Health Department and as the desire for co-operation is present no difficulty has presented itself.

Liaison schemes between the family doctor and other Health Department staff have not made any progress during the year nor do I see any hope of their doing so until such time as medical practices are placed on a more rational geographical basis. At present it is not uncommon for a health visitor's area—and the county is not short of health visitors—to lie within the practices of a dozen different general practitioners. One health visitor counted the patients of fifteen doctors among those on her list. Similarly, but to a lesser extent, the areas of district nurses and the territory covered by general practitioners criss-cross in remarkable fashion. If one were to attach district nurses to family doctors under the present system an unnecessary large part of their time would be spent in travelling and it would not be uncommon for several nurses to be paying visit within a mile radius of each other.

One cannot blame the patient for he is entitled to choose his own doctor. Frequently when he moves he retains his old doctor. On marriage, which usually involves moving, the bride not infrequently remains on the list of her former general practitioner. As a consequence, the "family" doctor is frequently a myth in Cardiganshire. However desirable the freedom of the individual may be, a system which involves much unnecessary travelling is not, in my view, calculated to make the best use of the country's medical manpower.

The field in which the closest collaboration appears to have been set up between the local authority and general practitioners is mental health, more especially in the north of the county where a trained social worker is in charge. Collaboration of this type gives at first sight grounds for optimism for the future but there is a danger that some family doctors may be too ready to hand over responsibility for their mental health patients to the local authority.

Although the degree of collaboration between the three branches of the health service may vary within parts of the same county, the National Health Service Act divisions of 1946 still remain. And I personally wonder whether one health authority, possibly an area health board, is not the answer to some of the present day problems.

I. MORGAN WATKIN
County Medical Officer

Section 1—STATISTICS
AREA, POPULATION AND RATEABLE VALUE OF THE COUNTY

TABLE I

	Aberaeron Urban District	Aberystwyth Borough	Cardigan Borough	Lampeter Borough	New Quay Urban District	Aberaeron Rural District	Aberystwyth Rural District	Teifside Rural District	Tregaron Rural District	Total for County
Area in acres 	388	1,141	4,928	1,754	281	99,321	140,728	73,102	121,546	443,189
Population (1961 Census) 	1,209	10,427	3,789	1,855	954	9,014	11,227	10,358	4,815	53,648
Population Mid-1966 (Registrar General's Estimate) 	1,220	9,990	3,850	2,080	920	8,800	11,630	10,220	4,700	53,410
Rateable Value at 1st April, 1966 ...	£39,250	£426,860	£110,559	£70,061	£30,143	£111,196	£218,132	£175,026	£59,181	£1,240,408
Rateable Value at 1st April, 1967 ...	£40,824	£459,737	£112,690	£73,557	£30,388	£115,547	£227,599	£179,152	£60,205	£1,299,699
Sum represented by 1d. rate 1966-67	£157	£1,755	£440	£275	£117	£440	£849	£688	£226	£4,947
Estimated sum represented by 1d. rate 1967-68 	£164	£1,800	£458	£292	£121	£455	£884	£700	£232	£5,106

TABLE 2

VITAL STATISTICS

MOTHERS AND INFANTS

Live births

Number—Males	...	...	...	405	
Females	...	...	...	359	764
Rate per 1,000 population	...	...	...	...	14.30

Illegitimate Live Births (per cent of total live births) ... 6.02

Stillbirths

Number—Males	...	...	...	13	
Females	...	...	...	8	21
Rate per 1,000 total live and stillbirths	...	...	...	...	26.78

Total Live and Stillbirths ... 785

Infant Deaths (deaths under one year) ... 12

Infant Mortality Rates

Total infant deaths per 1,000 total live births...	...	15.73
Legitimate infant deaths per 1,000 legitimate live births	...	16.71
Illegitimate infant deaths per 1,000 illegitimate live births	...	0.00

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) ... 10.4

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) ... 10.4

Peri-natal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births) ... 36.94

Maternal Mortality (including abortion)

Number of deaths	...	...	...	...	1
Rate per 1,000 total live and still births	...	...	...	...	1.27

TABLE 3
CAUSES OF DEATH

<i>Registrar General's Code Number</i>	<i>Cause of Death</i>			<i>Number of Deaths</i>		
				<i>Male</i>	<i>Female</i>	<i>Total</i>
1	Tuberculosis, respiratory	...	...	2	—	2
2	Tuberculosis, other	...	...	1	—	1
3	Syphilitic disease	...	...	—	—	—
4	Diphtheria	...	...	—	—	—
5	Whooping cough	...	...	—	—	—
6	Meningococcal infections	...	...	—	—	—
7	Acute poliomyelitis	...	...	—	—	—
8	Measles	...	...	—	—	—
9	Other infective and parasitic diseases	...	...	—	1	1
10	Malignant neoplasm, stomach	...	...	18	10	28
11	Malignant neoplasm, lung, bronchus	...	...	18	4	22
12	Malignant neoplasm, breast	...	...	—	6	6
13	Malignant neoplasm, uterus	...	...	—	4	4
14	Other malignant and lymphatic neoplasms	...	...	39	37	76
15	Leukaemia, aleukaemia	...	...	1	1	2
16	Diabetes	...	...	1	2	3
17	Vascular lesions of nervous system	...	...	47	93	140
18	Coronary disease, angina	...	...	75	57	132
19	Hypertension with heart disease	...	...	6	11	17
20	Other heart disease	...	...	51	85	136
21	Other circulatory disease	...	...	18	20	38
22	Influenza	...	...	4	2	6
23	Pneumonia	...	...	17	16	33
24	Bronchitis	...	...	18	13	31
25	Other diseases of respiratory system	...	...	4	4	8
26	Ulcer of stomach and duodenum	...	...	3	1	4
27	Gastritis, enteritis and diarrhoea	...	...	2	—	2
28	Nephritis and nephrosis	...	...	3	4	7
29	Hyperplasia of prostate	...	...	4	—	4
30	Pregnancy, childbirth, abortion	...	...	—	1	1
31	Congenital malformations	...	...	3	3	6
32	Other defined and ill-defined diseases	...	...	35	21	56
33	Motor vehicle accidents	...	...	9	1	10
34	All other accidents	...	...	6	12	18
35	Suicide	...	...	1	5	6
36	Homicide and operations of war	...	...	—	—	—
Total				386	414	800

TABLE 4
CAUSES OF DEATH IN AGE GROUPS

	Under 4 weeks		4 weeks and under 1 year		1—		5—		15—		25—		35—		45—		55—		65—		75 and over		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other circulatory disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other defined and ill-defined diseases	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	7	1	2	2	—	1	4	—	5	1	3	3	5	1	25	10	71	49	114	94	148	252	386	414

TABLE 5

TABLE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) NOTIFIED DURING THE YEAR

Sanitary District	Population Census 1961	Population Estimated 1966	Cholera	Diphtheria	Dysentery (amoebic and bacillary)	Encephalitis Lethargica	Erysipelas	Food Poisoning	Malaria	Measles	Meningococcal Infection	Ophthalmia Neonatorum	Paratyphoid Fever	Plague	Pneumonia (Acute Primary and Influenzal)	Acute polio-myelitis	Acute polio-encephalitis	Puerperal Pyrexia	Relapsing Fever	Scarlet Fever	Typhoid Fever	Typhus Fever	Whooping Cough
URBAN: Aberaeron ...	1209	1220	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth ...	10427	9990	—	—	3	—	—	6	—	142	—	—	—	—	10	—	—	—	—	—	—	—	—
Cardigan ...	3789	3850	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1
Lampeter ...	1855	2080	—	—	—	—	—	60	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—
New Quay ...	954	920	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—
RURAL: Aberaeron ...	9014	8800	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth ...	11227	11630	—	—	—	—	—	—	—	49	—	—	—	—	4	—	—	—	—	—	—	—	1
Teifside ...	10358	10220	—	—	31	—	—	—	—	23	—	—	—	—	—	—	—	—	—	—	—	—	—
Tregaron ...	4815	4700	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	53648	53410	—	—	34	—	—	71	—	230	—	—	—	—	14	—	—	—	—	—	—	—	2

TUBERCULOSIS NOTIFICATIONS, 1966, IN AGE GROUPS.

PULMONARY.

TABLE 6

DISTRICT	0—		1—		2—		5—		10—		15—		20—		25—		35—		45—		55—		65—		75—		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Aberaeron Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2
Aberystwyth Boro.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3
Cardigan Borough...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lampeter Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
New Quay Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Aberaeron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Aberystwyth Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	4
Teifside Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	2
Tregaron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	3
Whole County ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	—	—	3	3	2	—	1	1	—	1	17

NON-PULMONARY

TABLE 7

DISTRICT	0—		1—		2—		5—		10—		15—		20—		25—		35—		45—		55—		65—		75—		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Aberaeron Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth Boro.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cardigan Borough...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lampeter Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
New Quay Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberaeron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Teifside Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tregaron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Whole County ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3

Section 2

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics

In view of the prevailing circumstances in Cardiganshire it is not the policy of the local health authority to run ante-natal clinics. At present ante-natal clinics are held under the aegis of the hospital at the Maternity Home, Aberystwyth. They are under the supervision of Dr. Geoffrey Williams, the consultant obstetrician. Domiciliary midwives, whenever possible, accompany the patients to the ante-natal clinics and health visitors give educational talks and film displays on matters connected with childbirth and the care of the infant. Relaxation exercises are held under the aegis of the hospital physiotherapist. This dual arrangement has been worked out in collaboration with the consultant obstetrician and the scheme is running satisfactorily.

At Glangwili Hospital, Carmarthen, the consultant obstetrician for West Wales also holds ante-natal clinics. These facilities are over and above those available to expectant mothers through their family doctor.

Care of Unmarried Mothers and their Children

Arrangements are usually made through the St. David's Diocesan Moral Welfare Committee for the confinement and care of unmarried mothers. Unmarried mothers may be admitted to a hostel outside Cardiganshire for some months before a confinement is due and kept for some time afterwards. The committee also assists in making suitable arrangements for the child.

Other expectant mothers leave home and go to London and the Midlands to seek refuge. Here they apply to the local authority for assistance and the latter contact Cardiganshire as the county of normal residence for a grant towards their maintenance.

Child Welfare

New clinics were completed at Aberystwyth and Lampeter during the course of the year. A mobile clinic which will serve the hamlets, especially those not on a bus route—and these are in the majority—was delivered in December.

<i>Centre</i>	<i>Where held</i>	<i>Day held</i>	<i>Total No. of infant attendances in the year</i>	<i>Average No. of infant attendances per session</i>	<i>Total No. of Sessions held</i>
Aberaeron	Memorial Hall, Aberaeron	2nd & 4th Friday in each month	432	18.78	23
Aberporth	Village Hall, Aberporth	1st Thursday in each month	210	17.50	12
Aberystwyth	Swyddfa'r Sir, Aberystwyth	Every Wednesday & Thurs. afternoons	2,617	25.65	102
Borth	Memorial Hall, Borth	Every other Thursday in each month	323	13.45	24
Cardigan	County Primary School, Cardigan	Every other Tuesday in each month	585	25.43	23
Lampeter	Ormond House, Lampeter	Every other Tuesday in each month	255	10.20	25
Llanbadarn	Church Hall, Llanbadarn	2nd & 4th Monday in each month	67	3.45	22
Llandysul	Graig Vestry, Llandysul	1st & 3rd Tuesday in each month	243	8.37	29
New Quay	Memorial Hall New Quay	1st Monday in each month	63	5.25	12
Penparcau	Neuadd Goffa, Penparcau, Aberystwyth	1st, 3rd and 5th Friday in each month	584	20.85	28
Penrhiwllan	The Hall, Penrhiwllan	2nd & 4th Tuesday in each month	286	9.86	29
Pontgarreg	The Castle, Pontgarreg	3rd Monday in each month	23	1.91	12
Taliesin	Old Schoolroom, Taliesin	Every other Thursday in each month	99	4.71	21
Tregaron	Memorial Hall, Tregaron	1st & 3rd Tuesday in each month	625	24.03	26
Parcllyn	The Vestry, Parcllyn	3rd Thursday in each month	151	12.58	12
Ponterwyd	Ysgol Syr John Rhys, Ponterwyd	2nd Friday in each month	105	8.07	13
Ysbyty Ystwyth	C.P. School Ysbyty Ystwyth	2nd Wednesday in each month	70	7.00	10
TOTAL			6,738	15.92	423

Care of Premature Infants.

Each district midwife is supplied with a Cestra Premature Baby Outfit. Other specialised equipment for treating the baby at home and for transporting it to hospital is borrowed, by arrangement, from the Maternity Home, Aberystwyth.

Number of premature infants born at home	...	...	3
Transferred to hospital	...	...	—
Died within the first 24 hours	...	...	—
Died within the first 28 days	...	...	—

Dental Care.

The following data have been supplied by Mr. W. D. Percival Evans, the Principal Dental Officer.

The dental care of expectant and nursing mothers and of pre-school children is under the supervision of the Principal Dental Officer of the Authority. Full treatment is provided, including artificial dentures.

The following tables show the numbers treated and the type of treatment given during the year.

Attendances and Treatment

Number of Visits for Treatment during Year						Children 0—4 (incl.)	Expectant & Nursing Mothers
First Visit ...	...	...	...	...	...	74	122
Subsequent Visits ...	...	...	...	...	...	49	184
Total Visits ...	...	...	...	...	...	123	306

Number of Additional Courses of Treatment other than the First Course commenced during year						—	—
--	--	--	--	--	--	---	---

Treatment provided during the year—							
Number of Fillings ...	...	...	...	...	...	34	155
Teeth Filled ...	...	...	...	...	...	33	147
Teeth Extracted ...	...	...	...	...	...	129	139
General Anaesthetic given ...	...	...	...	...	...	60	41
Emergency Visits by Patients ...	...	...	...	...	...	6	7
Patients X-Rayed ...	...	...	...	...	...	9	24
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis) ...	...	...	...	...	...	35	37
Teeth Otherwise Conserved ...	...	...	...	...	...	—	—
Teeth Root Filled ...	...	...	...	...	...	—	4
Inlays ...	...	...	...	...	...	—	—
Crowns ...	...	...	...	...	...	—	4
Number of Courses of Treatment completed during the year						72	223

<i>Prosthetics</i>							
Patients Supplied with F.U. or F.L. (First Time) ...	...	...	...	...	...	...	21
Patients Supplied with Other Dentures ...	...	...	...	...	...	...	22
Number of Dentures Supplied ...	...	...	...	...	...	...	43

<i>Anaesthetics</i>							
General Anaesthetics Administered by Dental Officers ...	...	...	...	...	...	...	47

Inspections :

	Children 0—4 (incl.)		Expectant & Nursing Mothers	
Number of Patients given First Inspections during Year ...	A	68	D	117
No. of Patients in A and D above who required Treatment	B	67	E	115
No. of Patients in B and E above who were offered treatment	C	67	F	115

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :

For TreatmentG
For Health EducationH

This cannot be assessed accurately because the work is done during and after ordinary treatment sessions.

Welfare Foods.

The amount of welfare foods issued during the period can be seen from the following table :—

Commodity	Van	Clinic	Voluntary Distributors
National Dried Milk (tins)	1,560	1,974	7,003
Cod Liver Oil (bottles)	284	246	55
A. and D. Tablets (packets)	215	111	6
Orange Juice (bottles)	5,741	2,926	2,275

Details of bulk supplies received up to the end of the year are shown in the following table :—

Commodity	Quantity
National Dried Milk (tins)	11,718
Cod Liver Oil (bottles)	684
A. and D. Tablets (packets)	240
Orange Juice (bottles)	11,880

The amount of welfare foods issued during the year from the van at the various distribution centres is shown below :—

Centre	National Dried Milk	Cod Liver Oil	A. & D. Tablets	Orange Juice
Aberaeron ...	72	—	2	158
Aberystwyth ...	1,100	226	189	4,356
Cardigan ...	65	10	3	276
Lampeter ...	176	43	17	512
Llandysul ...	104	3	4	221
Tregaron ...	43	2	—	218
TOTAL ...	1,560	284	215	5,741

Family Planning Clinic

In addition to the Family Planning Clinic at Aberystwyth a centre was opened during the year at Aberaeron. Further expansion is contemplated and at the request of the local health authority arrangements have been made for further clinics to be opened in the new year at Cardigan and Lampeter.

Child Life Protection.

The duties in connection with Child Life Protection are undertaken by the Care of Children Committee. Close liaison is maintained with the Children's Officer who notifies the Health Department of all children under five supervised by her. These are then visited by the health visitor.

Nurseries and Child Minders

No premises or persons are registered in Cardiganshire under the Nurseries and Child Minders Regulations, 1948. There are however at present three nurseries in the county but as the children are not kept for a "substantial part" of the day, they have not on the legal advice of the Clerk been registered.

Juvenile Courts

A report upon the health of all juveniles appearing in court is prepared in accordance with Section 35 of the Children and Young Persons Act, 1933. Medical reports where appropriate are submitted in accordance with Section 11 (iv) of the Summary Jurisdiction (Children and Young Persons) Rules, 1933.

Section 3—MIDWIFERY

The Supervisor of Midwives received notification of intention to practise from 30 midwives in institutions and 29 domiciliary midwives. 4 domiciliary midwives and 7 hospital midwives attended refresher courses during the year.

129 visits were paid by the Supervisor and her deputy to domiciliary midwives and 12 visits were paid by the deputy to institutional midwives.

51 births were attended by domiciliary midwives and 779 by midwives in institutions.

It is the policy of the consultant obstetrician for Mid-Wales to have as many women as possible delivered in hospital. In view of the inaccessible nature of a large number of habitations in Cardiganshire, he feels that delivery in hospital, where every modern facility is available in the event of an unexpected emergency, is of paramount importance. As the number of hospital beds is limited, a substantial number of mothers have to be discharged home before the tenth day in order that this policy may be pursued.

Periodic meetings of the Maternity Liaison Committee for Mid and for South West Wales were attended by the Supervisor or her deputy.

Section 4—HEALTH VISITING

The Council employs eleven whole-time health visitors who also act as school nurses. Recruitment has, so far, presented no difficulty in Cardiganshire. Indeed the county is in the happy position of having several applicants for each advertised post.

For a trial period of one year the Council attached a health visitor to a group of practices in the north of the county. The reactions of the family doctors have varied and some have offered a number of interesting comments which I have discussed with the Regional Medical Officer of the Welsh Board of Health. One fact emerges, namely, that the role of the district nurse/midwife is more clearly understood than that of the health visitor.

A detailed account of the work of the health visitors is given in the ensuing table :

REPORT OF HEALTH VISITORS/SCHOOL NURSES FOR THE YEAR 1966

AREA	Infant Visits (0—5 years)	CLINICS ATTENDED		No. of visits to T.B., Blind, Orthopaedic, Mentally Defective Persons	SCHOOL WORK		
		M. & C.W.	All Others		No. of Visits to Schools	No. of children examined	No. of Children found verminous or suffering from Minor Ailments
Rhydypennau, Taly- bont and Glandyfi	1,355	50	3	2	46	1,164	12
Aberystwyth Town Centre and Devil's Bridge	1,182	110	—	2	94	2,743	8
Penparcau and Llan- farian	1,446	54	7	24	78	3,241	16
Penglais, Llanbadarn and Capel Bangor	708	77	1	8	31	673	63
Aberystwyth South	1,336	11	1	13	181	4,036	109
Aberaeron ...	1,470	20	—	21	143	6,101	42
Lampeter ...	1,534	27	8	92	155	4,002	69
Llandysul ...	1,660	44	9	36	160	6,208	30
Cardigan ...	2,102	23	6	203	87	7,938	63
Llangranog ...	1,620	49	5	32	82	2,646	2
Tregaron ...	1,920	36	27	28	96	1,140	—
Total ...	16,333	501	67	461	1,153	39,892	414

Section 5—HOME NURSING

The district nursing service in the county is in a state of flux and so far no clear cut pattern of future development has emerged. A survey has shown that the council employs a considerably greater number of nurses than any comparable rural area and yet they appear to be fully occupied. The type of work which the nurses carry out, however, differs from that in the cities where it can be described as performing nursing duties on the general practitioner's instructions. In Cardiganshire, on the other hand, any person may summon a nurse to the house and as a consequence district nurses are very frequently called in before deciding whether or not a doctor should be sent for. This places nurses in a difficult position for by undertaking this diagnostic screening they are carrying out work for which they have not been trained.

The district nurses also act, in practice, as social workers for they are better known than the welfare officers and health visitors who cover much larger areas. It is some times claimed that by holding an unduly large number of trained nurses on our staff we are depleting the hospitals. But as most of our recruits are married women who are only willing to serve in the area in which they reside, while hospitals are only found in four different townships, the argument is on the whole without substance.

Whether there is anything to be gained by allowing the elderly, for example, to be visited socially by a welfare officer or health visitor instead of a district nurse is open to argument. The disadvantage, however, is that the expenditure on nursing rises while that for health visiting remains static. And those who lay much stress on statistics find such a state of affairs unpalatable !

The total number of nursing visits paid in 1966 was 60,825, of which 9,439 were carried out by relief nurses. This is a reduction of 942 in the total number of visits as compared with 1965.

REPORT OF DISTRICT NURSE/MIDWIVES FOR THE YEAR 1966

DISTRICT	MIDWIFERY				HOME NURSING			
	No. of Live Births	Total Number of Maternity and Midwifery visits	Total Ante-Natal visits	Number of Maternity and Midwifery cases nursed (under 14 days)	Total Nursing Visits	Total Number of visits to Elderly (included in total nursing visits)	Number of Injections only	Sick Leave (days)
Aberystwyth : North	3	460	19	41	1,720	901	365	—
Aberystwyth : Centre	2	529	19	50	1,420	966	373	62
Aberystwyth : South	2	598	57	41	1,358	840	518	36
Aberaeron	6	454	85	27	1,661	926	366	52
Aberporth	—	317	34	38	1,718	392	415	—
Borth	—	—	—	—	1,806	425	88	—
Cardigan : St. Dogmaels	3	341	130	29	1,934	1,029	376	—
Cardigan : Verwig ...	—	396	99	35	1,329	107	777	54
Devil's Bridge	—	70	45	—	1,829	1,324	289	10
Glandyfi	1	248	52	26	2,183	1,385	154	—
Henllan	—	171	169	12	2,441	692	344	—
Lampeter : Silian ...	—	278	313	24	2,286	1,273	528	—
Lampeter : Cellan ...	4	116	143	13	1,560	824	646	—
Llanafan	—	177	139	1	2,142	941	386	—
Llanarth	2	208	112	12	1,313	890	604	—
Llandysul	4	330	407	25	2,077	1,342	904	—
Llanfarian	3	224	21	21	1,669	1,091	404	—
Llangeitho	2	188	153	11	1,580	957	128	16
Llangranog	3	144	98	17	1,814	651	634	—
Llanrhystud	1	145	69	16	1,657	1,275	480	62
Llanwenog	—	121	123	13	1,407	540	524	—
Llechryd	—	291	85	26	1,587	684	396	—
Melindwr	—	190	126	13	1,239	736	251	—
Mid-Aeron	2	129	105	6	1,469	609	345	—
New Quay	2	229	76	10	1,786	1,170	596	29
Pontrhydfendigaid ...	—	62	46	10	990	684	648	36
Rhydlewist	1	143	109	11	1,665	765	556	—
Rhydypennau	3	316	138	26	1,813	1,572	198	—
Talybont	—	163	42	13	1,713	640	258	—
Tregaron	3	308	170	14	2,220	981	488	—
Relief	—	660	166	—	9,439	4,103	3,256	6
TOTALS	47	8,006	3,350	581	60,825	30,715	16,295	363

Section 6—PREVENTION OF BREAK-UP OF FAMILIES

Problem families are regularly visited by health visitors and, when the need arises, by the district welfare officers. In special cases, the health visitor calls in the Chief Nursing Officer, who, in turn, may call in the County Medical Officer.

Consultation with the Children's Officer of the County Council, the County Welfare Officer, the District Medical Officer and the County Medical Officer on the one hand, together with the chairmen of the appropriate committees and the local member on the other, takes place as and when the need arises.

The problems facing this type of family almost invariably find their way to the Home Help Advisory Committee. It is usually found that the provision of adequate home help to a harassed mother who may be below par, is the most effective and economical method of dealing with many problem families.

Section 7—VACCINATION AND IMMUNISATION

Smallpox Vaccination

In normal times this is carried out entirely by general practitioners. Records of the 1,035 successful vaccinations and re-vaccinations carried out in 1966 are as follows

<i>Age</i>		<i>Number successfully vaccinated</i>	<i>Number successfully re-vaccinated</i>
Under 1 year old	...	96	3
1 year old	...	169	2
2—4 years	...	95	14
5—14 years	...	11	63
15+	...	110	472

The number of registered live births for the year 1966 was 764 so that at the end of the year an estimated 12.9% of children under a twelvemonth had been vaccinated.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1966

Table I—COMPLETED PRIMARY COURSES—Number of Persons under age 16

TYPE OF VACCINE OR DOSE	YEAR OF BIRTH					Others under age 16	TOTAL
	1966	1965	1964	1963	1959-62		
1. Quadruple DTPP	25	44	2	2	2	1	76
2. Triple DTP	222	260	17	9	9	—	517
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	1	2	—	4	194	693	894
5. Diphtheria	4	1	—	—	—	—	5
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	176	1194	1370
8. Salk	3	5	5	1	3	1	18
9. Sabin	111	357	77	32	36	15	628
10. Lines 1+2+3+4+5 (Diphtheria) ...	252	307	19	15	205	694	1492
11. Lines 1+2+3+6 (Whooping Cough)	247	304	19	11	11	1	593
12. Lines 1+2+4+7 (Tetanus) ...	248	306	19	15	381	1888	2857
13. Lines 1+8+9 (Polio)	139	406	84	35	41	17	722

Table 2—REINFORCING DOSES—Number of Persons under age 16

	1966	1965	1964	1963	1959-62	Others under age 16	Total
1. Quadruple DTPP	—	2	5	1	6	1	15
2. Triple DTP	6	35	65	10	28	8	152
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	2	15	37	9	274	38	375
5. Diphtheria	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	3	12	15
8. Salk	—	2	4	1	2	2	11
9. Sabin	4	4	9	4	40	7	68
10. Lines 1+2+3+4+5 (Diphtheria) ...	8	52	107	20	308	47	542
11. Lines 1+2+3+6 (Whooping Cough)	6	37	70	11	34	9	167
12. Lines 1+2+4+7 (Tetanus) ...	8	52	107	20	311	59	557
13. Lines 1+8+9 (Polio)	4	8	18	6	48	10	94

Section 8—AMBULANCE SERVICE

The County Council Health Department maintains nine ambulances and three dual-purpose vehicles. A further dual-purpose vehicle is on order as well as an additional ambulance.

During the year the Llandysul station was closed and the area covered from the newly-built mid-county ambulance station at Lampeter.

The number of patients conveyed by the Cardiganshire Ambulance Service increased from 20,734 in 1965 to 27,810 in 1966 and the number of journeys rose during the same period from 7,065 to 7,902.

The mileage performed by ambulances during the year was 300,729.

A further 4,182 patients, involving a mileage of 162,523 were conveyed at the request of the Ambulance Service by hired cars.

The number of emergency calls received increased from 1,170 in 1965 to 1,337 in 1966. 1,090 were dealt with by ambulances and 247 by sitting cars.

TABLE 14

	1964	1965	1966
Number of patients conveyed	17,642	20,734	27,810
Number of journeys made ...	6,652	7,065	7,902
Mileage covered	206,988	243,774	300,729

Ambulance Details, 1966

Station	Total number of patients conveyed	Emergency	Non- emergency	Number of journeys made	Mileage covered
Aberystwyth	16,520	594	15,926	5,301	122,757
Cardigan	4,593	165	4,428	1,065	67,334
Lampeter	5,550	203	5,347	1,167	84,545
New Quay	1,147	128	1,019	369	26,093
Totals	27,810	1,090	26,720	7,902	300,729

Sitting Car Details, 1966

	Total	Emergency	Non- Emergency
Number of patients conveyed	4,182	247	3,935
Number of journeys made ...	2,117	—	—
Mileage covered	162,523	—	—

Comparative Statements 1966 with 1965, year ended 31st December

WHOLE COUNTY			<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
1966			7,902	27,810	300,729
1965			7,065	20,734	243,774
Difference ...			+ 837	+ 7,076	+ 56,955
ABERYSTWYTH					
1966			5,301	16,520	122,757
1965			4,851	13,070	100,536
Difference ...			+ 450	+ 3,450	+ 22,221
CARDIGAN					
1966			1,065	4,593	67,334
1965			913	2,408	45,586
Difference ...			+ 152	+ 2,185	+ 21,748
LAMPETER					
1966			1,167	5,550	84,545
1965			552	2,460	39,603
Difference ...			+ 615	+ 3,090	+ 44,942
NEW QUAY					
1966			369	1,147	26,093
1965			428	1,471	27,706
Difference ...			— 59	— 324	— 1,613

Summary for 1966

	<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
Ambulance : 1966 ...	7,902	27,810	300,729
Sitting Car : 1966 ...	2,117	4,182	162,523
Combined Figures : 1966 ...	10,019	31,992	463,252

Section 9—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The local health authority's arrangements for the prevention of illness, care and after care are primarily related to tuberculosis, mental disorder and venereal disease but equipment for nursing at home and for the after care of patients is lent to persons suffering from a multitude of ailments.

Tuberculosis

Close association is maintained with the three chest physicians serving the county. Health visitors follow up contacts of tuberculosis patients and visit them in their homes following discharge. Where this is thought desirable, patients are sent to the Papworth Village Settlement.

Health Education

A Health Education Committee was set up under the chairmanship of Dr. Beryl Thomas. The members included the Chief Nursing Officer and her Deputy, Health Visitors, the Chief Ambulance Officer and the Visual Aids Officer. The Committee's function is to act as a central organising body for health education and as a source of personnel and materials for this work.

During the year, talks and demonstrations were given by members of the staff to adult groups, voluntary organisations, students at the College of Further Education and mothers and children attending the infant welfare clinics. The relaxation classes for expectant mothers continued weekly at Aberystwyth Maternity Hospital.

More emphasis was laid on the dangers of smoking than on those of venereal disease as the latter is not at present an appreciable hazard in this County. Drug taking does not on the available evidence seem to have reached any serious proportions in Cardiganshire.

Screening Service for Cervical Cancer

In September, 1966, a Women's Diagnostic Clinic was started with the object of offering all women in the County a number of simple tests designed to detect diseases in their very early stages. The main object of the clinic is to carry out cervical cytology but at the same time a number of urine tests, a blood test for anaemia and examination of the breasts is offered. The clinic is held on one day every week and is staffed by a doctor, health visitor and a voluntary worker acts as receptionist in the afternoons. The clinic was planned in co-operation with Dr. W. H. Beasley, Consultant Pathologist, Mid-Wales Hospital Management Committee, and Mr. G. Williams, Consultant Obstetrician and Gynaecologist, Mid-Wales Hospital Management Committee, and the laboratory work is done at the Pathology Department, New Bronglais Hospital.

Women attended by appointment at 15 minute intervals and this has proved a very satisfactory arrangement. The clinic has proved to be popular and requests to attend are continually being received. The delay between a request being received and the appointment, varies but is never more than one month, except by request. So far, no cases of cancer have been found, but a large number of less severe minor troubles have been detected. All results are sent to the family doctors who carry out any necessary treatment.

Notification of Congenital Defects Apparent at Birth

The County birth notification forms now include the questions :

- “1. Any abnormality of infant ?
2. Clinical description of abnormality . . . ”

A copy of this notification is passed to me. I then ask the health visitor for further information and this is used to complete Form S.D.56, supplied by the General Register Office. At the beginning of each month these forms, if any, are returned to the General Register Office.

At the same time, I complete a card for each child reported and file it for future reference. At six-monthly intervals, I ask the health visitors for current information on their progress and, if and when necessary, refer the cases to other departments, e.g. Mental Health Department.

There is no way of knowing for certain whether all abnormalities are being faithfully reported but there have not been any outstanding cases where an abnormality obvious at birth has not been noted. The main difficulty is in getting information regarding those children whose congenital abnormalities only become obvious some time after birth.

Incontinence Pads

Incontinence pads are provided to all nursing cases where they are required. The application is made through the District Nurse or Health Visitor.

2,698 have been used during the year. A charge of 7/- per dozen for large pads and 5/- per dozen for small pads, is made where the patient is able to pay.

In a rural area it is difficult to arrange for special collection of soiled pads. Pads are usually wrapped in paper and disposed of in a refuse bin or they are burned in a household stove.

Fluoridation of Water Supplies

Few items have received such long and detailed discussion by the Health Committee as the fluoridation of water supplies. On the occasion when the subject was last debated I reported to the Health Committee on the water schemes that the Cardiganshire Water Board would, from an engineering point of view, be able to fluoridate. The relevant part of the report of the Engineer and Manager of the Water Board reads as follows :

“Should the Board agree to the fluoridation of water supplies, it would be practicable to introduce fluorine at the existing Strata Florida Treatment Works and the new Bontgoch Treatment Works which is now under construction.

The areas served by these treatment works are :—

STRATA FLORIDA

South Cardiganshire, comprising the Boroughs of Cardigan, Lampeter and the districts of Aberaeron Urban, New Quay Urban, Aberaeron, Tregaron and Teifside Rural.

except at present

(1) New Quay, which is served from the Ffynon Ddewi spring and augmented only by Strata Florida water in summer.

(2) Cardigan, which is served principally by the Bryn and Crugefa springs, augmented by Strata Florida water.

(3) Rhydlewis, part of Pontgarreg, Capel Cynon, Cribyn, Maenygroes and Llwyndafydd area, Wernddu (Penrhiwllan district).

The above excepted districts will be gradually transferred to Strata Florida water in the course of the next year or so on completion of new works.

(4) Ffynon Rhys serving Cwrtnewydd, Llanwnen, Llanwenog, Alltyblacca, Drefach and Cwmsychpant.

BONTGOCH

North Cardiganshire comprising Aberystwyth Borough and Aberystwyth Rural District ;

except at present

(1) Ponterwyd

(2) Abermagwr

(3) *Salem, Trefeurig, Cwmerfyn, *Cwmsymlog, *Cwmbrwyno, Ystumtuen, *Devil's Bridge, *Trisant, *New Row, *Pontrhydygroes, Cwmystwyth, *Llanafan, *Brynafan,*Joppa.

*The Board have approved schemes for transferring the districts marked thus to the Bontgoch scheme.

This will probably take about two years”.

After hearing this report the following resolution was passed by the Health Committee. “That consideration be deferred until such time as the Cardiganshire Water Board would be in a position to introduce fluoridation into all the water supplies throughout the County.” This resolution was subsequently ratified by the County Council. The position at the end of 1966 is therefore, no different from what it was a year previously.

Section 10—HOME HELP SERVICE

The local authority provides home help on a very generous scale and the statistics show that nearly 90% of those receiving home help are of pensionable age. Unfortunately during the past year difficulty has been experienced in recruiting home helps. Were it not for this the service would have been expanded even further.

The Authority has one full-time organiser, one assistant organiser, one full time home help and 181 part-time home helps. The cases where home help was provided during 1966 are classified below :—

Maternity (including expectant mothers) ...	20
Tuberculosis	5
Chronic sick, including aged and infirm ...	197
Care of children	7
Blind	14
Total	243

Applications received during the year totalled 243. These were made up as follows :—

Blind	4
Tuberculosis	—
Care of children	5
Illness and old age ...	184
Maternity	50
Total	243

	Number provided with home help for first time during the year	Total number provided with home help during the year
Blind	1	14
Tuberculosis	—	5
Care of Children ...	3	7
Illness and old age ...	86	197
Maternity	19	20
Total	109	243

Visits paid to householders by Organisers ...	1,526
Visits paid to home helps by Organisers ...	758
Visits paid to Welfare Officers and District Nurses ...	41
Other visits	122

An analysis of the ages of persons receiving home help in the county gave the following results.

Age	Percentage
Over 100 years of age...	—
90—100 „ ...	3.2
80—89 „ ...	27.3
70—79 „ ...	42.7
60—69 „ ...	15.9
Under 60	10.9

Section 11—VENEREAL DISEASES

Dr. Vernon Williams, the consultant in venereal diseases for North and Mid-Wales, is scheduled to hold a weekly clinic at Aberystwyth General Hospital. The southern part of the county is less well served as the nearest treatment centres are situated at Llanelli and Swansea. Contact is maintained with the venereologists and suspected cases are followed up by medical officers or health visitors.

No South Cardiganshire case was treated in Llanelli or Swansea as far as is known. This implies that there are (a) no cases, or (b) that the cases are treated by family doctors, or again (c) that some cases are not receiving treatment. Evidence obtained from a venereologist outside Wales suggests that the first possibility can be ruled out.

The known North Cardiganshire cases dealt with for the first time during the year were as follows :

<i>Venereal Disease</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	—	3	3
Gonorrhoea	1	—	1
Other Conditions :			
(a) Non-gonococcal Urethritis	1	—	1
(b) Condition requiring treatment	3	—	3
(c) Condition not requiring treatment	8	2	10
TOTALS	13	5	18

Section 12—NATIONAL ASSISTANCE ACT, 1948

The County Welfare Officer is responsible to the Welfare Committee for nearly all of the services carried out under the Act. Medical Officers of the Health Department, however, examine all applicants for entry into the Welfare Homes and also examine persons who are transferred from one Home to another. Routine visits to Homes in accordance with the Council's Proposals under Section 21 of the above Act are also made.

Handicapped Persons are referred by the Welfare Department for medical assessment where this is considered necessary.

Blind Welfare

There were 252 registered blind persons in the County at the end of the year. These were visited by the health visitors, by welfare officers and by the home teacher for the blind where tuition was considered practicable.

It will be seen from the following tables that the majority of blind people in Cardiganshire are over 70 years of age. The absence of industry and dangerous trades makes blindness following accidents an uncommon occurrence.

The following tables show the number of registered blind persons and the number of persons on the observation register at the end of the year.

REGISTERED BLIND (Ordinarily resident in the county).

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0	—	—	—
1	—	—	—
2	—	—	—
3	—	—	—
4	—	—	—
5—10	—	—	—
11—15	—	1	1
16—20	—	2	2
21—29	—	—	—
30—39	1	1	2
40—49	2	8	10
50—59	7	5	12
60—64	7	7	14
65—69	9	9	18
70 and over	61	132	193
TOTAL	87	165	252

ON OBSERVATION REGISTER (Ordinarily resident in the county)

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0—1	—	—	—
2—4	—	—	—
5—15	—	2	2
16—20	1	—	1
21—49	6	7	13
50—64	3	9	12
65 and over	25	63	88
TOTAL	35	81	116

Section 13—CARE OF CHILDREN

Routine medical examinations of children at Peterwell Home and Cartrefle and Erw Lon Family Units were carried out by medical officers of the Department. Boarded out children were also examined in the manner prescribed by statute. Close contact is kept with the Children's Officer, on the one hand, and with practitioners providing the children with general medical services, on the other.

Section 14—MISCELLANEOUS MEDICAL EXAMINATIONS

The Health Department carried out a large number of medical examinations during the year. These were undertaken for a variety of reasons. All new entrants to the superannuation scheme were examined as were all roadmen qualifying for admission to the Sick Pay Scheme. Entrants to Training Colleges were also examined and these numbered close upon a hundred. All Mid-Day Meals staff were submitted to examination. A number of examinations were carried out on behalf of other local authorities on a reciprocal basis.

All applicants for school transport on medical grounds, school absentees, handicapped pupils in various categories, and children applying for the deferment of the 11-plus examination on health grounds were examined.

Section 15—CHIROPODY SERVICE

The Chiropody Service in Cardiganshire is run under the aegis of a Voluntary Committee which receives a grant from the County Council. As the chiropody service is primarily intended for the aged, the Welfare Department is responsible for its general management and the Health Department plays no part in the running of the scheme.

The Voluntary Committee deals primarily with pensioners (males over 65 and pensioned females over 60). Registered blind persons of all ages are, however, accepted.

According to the information provided by the County Welfare Officer, the number of cases treated during the year was 2,285.

The following persons are eligible under the Voluntary Scheme: women 60 years and over, and men of 65 years and over, who have no private means and are in receipt of National Assistance, or old age pensioners only, are eligible for treatment under the reduced rates.

The fees are: single treatment, 1 foot—1/-. Both feet—1/6.

The number of chiropodists engaged under the Scheme are:—Two at Cardigan, one in Lampeter and one at Aberystwyth.

Section 16—MENTAL HEALTH

Report of Dr. C. D. Edwards, Deputy County Medical Officer

A further expansion of services in this field has occurred during the year.

Besides benefiting other of our Local Authority Health and Welfare services, the new Health Clinic at Aberystwyth has enabled the County Mental Welfare Officer to centralise his activities in this building in close proximity to the Child Guidance Clinic which commenced on September 26th.

The new Child Guidance Clinic is directed by Dr. Evan Davies, the newly appointed Consultant Child Psychiatrist for West Wales. We have Mrs. Mair Piette returning to work for us as Psychiatric Social Worker to the Child Guidance Clinic. Having a Consultant in this speciality attending weekly at the clinic is of immense help. Previously, although Dr. McDonald, the nearest Consultant Child Psychiatrist at Swansea, or the staff of St. David's Hospital, Carmarthen, were always ready to help, the distance involved always presented some problem. While grateful for their past help, we look forward to the continued and growing activity of a clinic of this nature in our own locality so as to improve greatly the effectiveness of our work.

Staff

While the Child Guidance Clinic, with Mrs. Piette's return, afforded an increase in staff, earlier, the services of Dr. J. R. Jones were lost when he resigned to leave for Canada.

Other changes saw the secondment of Mr. T. S. Evans, District Mental Welfare Officer for North Cardigan for a two year course in Social Work in Cardiff, Mr. Alwyn Lloyd replacing him temporarily during this period.

The County Mental Welfare Officer, after completing a course at the National Institute for Social Work Training, early this year, was successful in obtaining the National Certificate in Social Work. He has now returned to complete his first full year with enthusiasm and fresh ideas for organising a good Mental Welfare service. This is in some part shown by the increased statistical data now available.

Preventive Care & After-Care services carried out by Mental Welfare Officers

An increase in the number of cases referred to these Officers is shown in Table A. The total of 286 cases is 65% up on last year's figure of 173. Cases referred by family doctors were 130 as against 82 in 1965, and those referred from hospital 60 against 21 in 1965. This is altogether an excellent trend which we hope will continue.

Admissions to Hospital

Total number of cases known to have been admitted to mental hospital from the County	...	...	...	...	...	...	...	148
Number of patients admitted to St. David's Hospital, Carmarthen, with help of Mental Welfare Officers	...	...	...	...	...	...	...	80
Number of patients admitted to other mental hospitals by Mental Welfare Officers	...	...	...	...	...	...	...	1
Number of patients admitted to subnormal hospitals in Wales	...	...	...	...	...	...	...	2

Table B shows the methods of admission of the 80 cases with whom Mental Welfare Officers were concerned. The total figures are very similar to those of last year but there is a slight increase in cases admitted under Section 29, viz. 30—37. A break down of the comparative figures for the three areas of the county shows a reduction of

Section 29 admissions in the North of the county while increase has occurred in the other two areas. This increase is slight and nowhere near the 56 cases of 1964.

The rates of admission to hospitals were :—

Informal admissions	... ..	2.0 per thousand
Compulsory under appropriate section of Mental Health Act	...	0.7 per thousand

These rates are the same as last year.

Figure 1 illustrates the number of cases referred to Mental Welfare Officers in the in three regions of the County and compares the various methods and numbers of admissions from these regions.

The Northern area, which is fortunate in having a full time Officer naturally has had very many more cases referred than the two other areas, where the Officers have part time duties only. Consequently, a closer knowledge of these cases has resulted in a higher proportion of informal admissions being helped to hospital by Mental Welfare Officers in the North than in the Central or Southern areas. Also, proportionate to the population, there are a lower number of cases requiring admission to hospital and the need for compulsory admission under the appropriate section of the Mental Health Act, 1959 is reduced in North Cardiganshire. If the figures are similar next year, it will illustrate the need for more full time cover for these other areas.

Table C shows the number of cases given after-care visits by Mental Welfare Officers in the three regions.

Emphasis is being given to co-operation between the various services. The setting up of the Joint Mental Health Geriatric Liaison Advisory Committee, which meets every other month at St. David's Hospital, has helped in this. Also within our own authority, Health Visitors have helped through the Chief Nursing Officer, particularly in the case of subnormal and severely subnormal children. The Welfare Department has also assisted by providing Part III accommodation for three mentally ill patients and five were provided with short term accommodation.

Four cases were reclassified to Section 26 of the Mental Health Act, 1959 after admission. One application for discharge was refused by the Mental Health Tribunal.

Bryntirion Home, Tregaron

The eight bedded extension to this Home was opened in May and the extra capacity was soon filled to the full complement of 34 residents. The Home continues to serve the needs of the more confused elderly patient who cannot be accommodated in a Welfare Home, and also on occasions, those who cannot be placed easily in other accommodation.

Table D shows the numbers and sources of admissions and discharges over the year and Table E gives the age groups of the residents. About 60% of the residents are over 75 years old, and this is only a small indication of the amount of care and attention that is required from the devoted staff at this Home. Indeed, we are fortunate in obtaining such good staff to fill vacancies and to cater for the increase in numbers of residents when the Home was enlarged.

Subnormality

Dr. Michael Craft, Consultant Psychiatrist in subnormality, has held periodic clinics in the County for patients of this type. He has also visited the Junior Training Centre at Felinfach where his interest and advice has been most welcomed. Furthermore, he has helped with two subnormal children, admitting them to his special Children's Unit at Eryri Hospital, Caernarvon, for investigation.

During the year, a survey of cases throughout the County revealed 94 cases aged 16 and over and 44 below that age.

Comparison by areas of cases referred to Mental Welfare Officers and admissions to Hospital FIG. 1

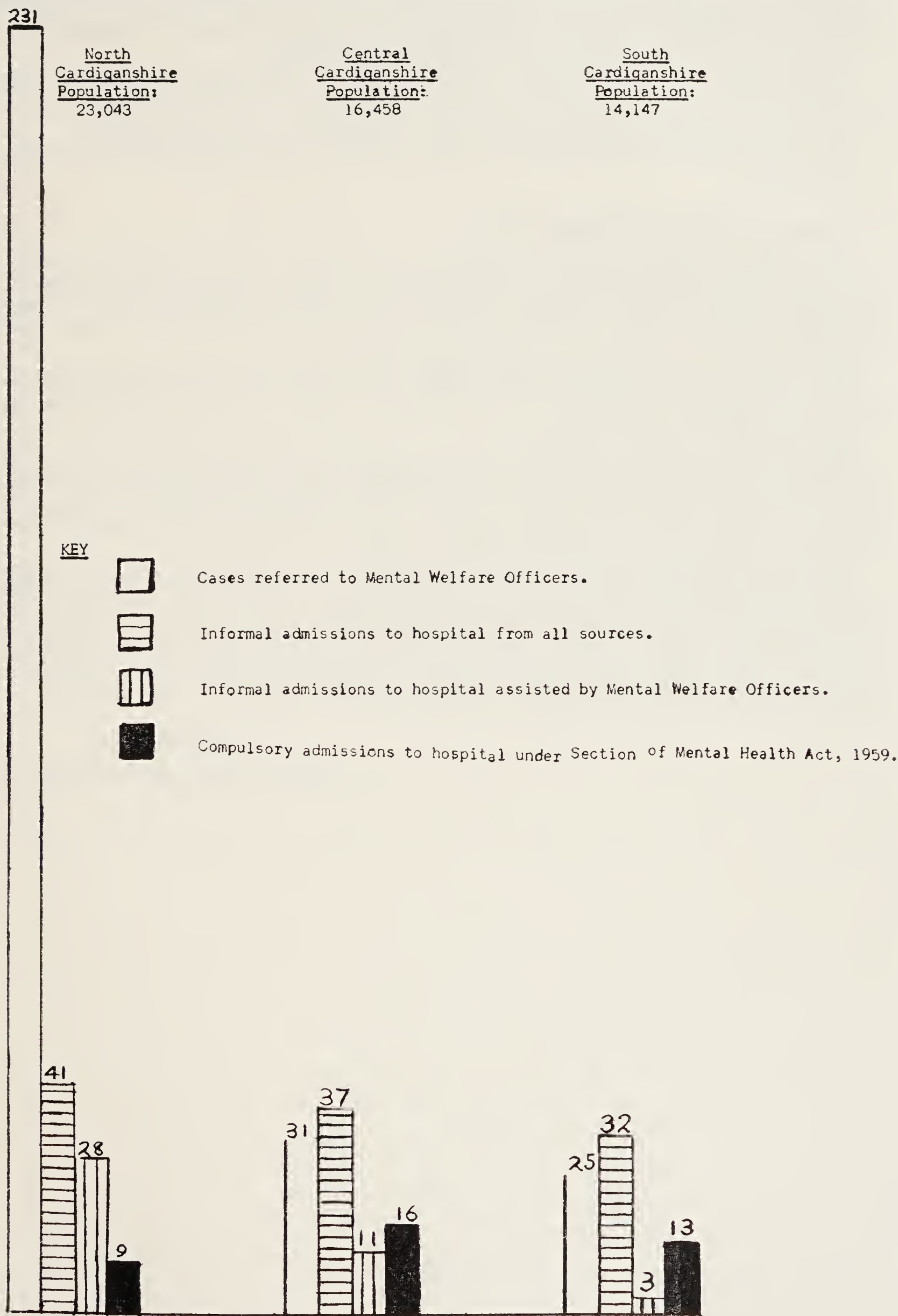


Table F shows the age distribution of those subnormal cases over 16 years and further investigation of them is being carried out so as to ascertain their suitability for an Adult Training Centre now being planned. Of the 40 persons in this category over 51 years, 24 are already in Part III accommodation.

During 1966, two male adults were admitted to subnormal hospitals for short term care and Table G shows the number of subnormal cases from our County that are resident in such hospitals, with details of the numbers in each hospital.

Two male adult severely subnormal cases continued under guardianship throughout the year.

Bronaeron Junior Training Centre

The Training Centre completed its first year in October. During the period, progress has been made with many of the pupils and the numbers have increased by three. It had been hoped to have a larger increase in the year to total 32, but the fourth transport vehicle did not arrive in the Autumn term so this could not be done. However, it is hoped to do this early in the new year.

The staff was also strengthened when Miss H. Savage joined after completing a two year training period in London. This is of great help now that the numbers at the Centre are reaching full capacity.

Table H shows the numbers at the Training Centre at the beginning and end of the year and other statistics relating to those attending. The table of age groups indicates the fact that at the moment none are under 5 years of age, while there is one boy over 16 years. There will be increasing numbers shortly requiring Adult Training and the Centre now being planned will be eagerly awaited.

Finally, the Junior Training Centre and indeed, all subnormal cases in the County, will benefit from the close links that are being made with the local branch of the National Society for Mentally Handicapped Children, which has now been formed in the County. Those members who are active in running this branch do much to foster the welfare and advancement of these children, and help to give parents the right attitudes and ideas to enable the child's limited capacity to be used fully.

C. D. EDWARDS,
Deputy County Medical Officer

Table A

STATISTICS OF CASES REFERRED TO MENTAL HEALTH SERVICES

	CARDIGANSHIRE NORTH								CARDIGANSHIRE CENTRAL						CARDIGANSHIRE SOUTH															
	Mentally ill over 16		Mentally ill under 16		Subnormal over 16		Subnormal under 16		Total	Mentally ill over 16		Mentally ill under 16		Subnormal over 16		Subnormal under 16		Total												
	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.													
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.												
General Practitioner ...	33	51	5	1	5	—	1	2	98	14	4	—	—	1	—	—	—	—	19	7	5	—	—	—	1	—	—	—	—	13
Police or Courts ...	15	7	1	—	1	—	—	—	24	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Hospital (in-patient or out-patient) ...	25	22	—	1	1	—	—	—	49	1	4	—	—	—	—	—	—	—	5	4	2	—	—	—	—	—	—	—	6	
Education Authority ...	—	—	11	2	—	—	1	—	14	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	
Other Sources (including Welfare, Nursing Services and Social Security)	19	13	2	1	4	—	6	—	45	3	2	—	—	1	—	—	—	6	1	—	—	—	—	1	1	1	1	1	5	
Sub-Total ...	92	93	19	5	11	—	8	2	230	18	10	—	—	2	—	1	—	31	13	7	—	—	1	2	1	1	—	—	25	
TOTAL ...	185		24		11		10		230	28		—		2		1		31	20		—		3		2			25		

Grand Total ... 286

Table B

Admissions undertaken or arranged by Mental Health Department

METHODS OF ADMISSION

<i>Method of Admission</i>	<i>Cardiganshire North</i>		<i>Cardiganshire Central</i>		<i>Cardiganshire South</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Informal	16	12	6	5	2	1	42
Section 29	5	4	11	4	7	6	37
Section 25	—	—	—	—	—	—	—
Section 26	—	—	1	—	—	—	1
Sub-Totals	21	16	18	9	9	7	80
TOTALS	37		27		16		80

Table C

PROVISION OF AFTER-CARE

			<i>Mentally Ill</i>		<i>Subnormal over 16</i>		<i>Subnormal under 16</i>		<i>Total</i>
			M	F	M	F	M	F	
Cardiganshire North	...	...	32	26	21	14	9	7	109
Cardiganshire Central	...	...	10	4	22	8	8	10	62
Cardiganshire South	...	...	10	15	11	18	7	3	64
Sub-Totals	...	...	52	45	54	40	24	20	235
TOTAL	...	...	97		94		44		235

Table D

Bryntirion Home, Tregaron

Number of residents at Bryntirion Home on 31.12.65					26
<i>Admissions during 1966 :</i>					
Home	...	...	...	...	12
Welfare Homes	...	...	...	...	6
St. David's Hospital	...	...	...	...	5
Geriatric Hospitals	...	...	...	...	7
Acute Hospital	...	...	...	...	1—31
<i>Discharges during 1966 :</i>					
Welfare Homes	...	...	...	...	2
St. David's Hospital	...	...	...	...	3
Home	...	...	...	...	3
Acute Hospital	...	...	...	...	1
Died	...	...	...	...	13
Others	...	...	...	...	1—23
<i>Number of residents on 31st December, 1966</i>					34

Table E

<i>Age Groups of Residents :</i>			
20—25 years	...	...	1
26—35	„	...	—
36—45	„	...	—
46—50	„	...	—
51—55	„	...	2
56—60	„	...	1
61—65	„	...	2
66—70	„	...	1
71—75	„	...	6
76—80	„	...	8
81—85	„	...	10
86—90	„	...	2
91—95	„	...	1
			—
			34
			—

Table F

<i>Subnormal Age Groups over 16 years</i>			
	<i>Males</i>	<i>Females</i>	<i>Total</i>
16—20 years	9	1	10
21—30	15	4	19
31—40	12	3	15
41—50	4	6	10
Over 51	16	24	40
—	—	—	—
Totals	56	38	94
	—	—	—

Table G

Details of Cardiganshire Cases resident in Subnormal Hospitals in Wales

<i>Hospital</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Pantglas Hall, Carmarthen	—	6	6
Ely Hospital, Cardiff ...	2	—	2
Hensol Castle, Bridgend	4	5	9
Llanfrechfa Grange, Cwmbran	—	1	1
Eryri, Caernarvon 1	1	—	1
Garth Angharad, Dolgellau	1	—	1
Broughton, Chester ...	—	3	3
Brynhyfryd, Welshpool	3	—	3
Llysmaldwyn, Caersws	4	4	8
Oakwood Park, Conway	—	—	—
	—	—	—
Total ...	15	19	34
	—	—	—

Table H

Bronaeron Junior Training Centre

Number on Register 1.1.66	...	...	26
Number of Admissions during 1966	...	...	5
Number reclassified or left for other reasons	...	...	2— 3
			—
Number on Register on 31.12.66	...	...	29
			—

<i>Age Groups</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 5 ...	—	—	—
5— under 7 ...	4	2	6
7— under 10 ...	6	5	11
10— under 12 ...	1	4	5
12— under 16 ...	4	2	6
16—19 ...	1	—	1
	—	—	—
	16	13	29
	—	—	—

Total includes two children from Carmarthenshire awaiting admission on 31.12.66 — 3.

Section 17—SANITARY CIRCUMSTANCES

Report of Mr. Evan Richards, County Public Health Inspector

Milk (Special Designations) Regulations, 1963

The duties imposed on the County Council under these Regulations are :—

- (i) the licensing and supervision of milk pasteurising plants :
- (ii) the licensing of dairies where milk is bottled other than at the place of production, and
- (iii) the granting of licences to retail milk which has been bottled at other premises and is obtained pre-packed by these retailers.

The County Council has delegated the work to the Health Committee and the Order is administered as follows :—

- (i) The certification of premises and the supervision of the handling, treatment and bottling is carried out by the County Public Health Inspector.
- (ii) Routine samples of milk are taken by the Weights and Measures Inspectors at the same time as samples taken under the Foods and Drugs Act.

The number of licences in force at the end of the year were as follows :—

1. No. of licensed pasteurising plants	...	...	...	...	2
2. No. of dairies where milk is bottled	...	...	...	...	11
3. No. of premises licensed for the re-sale of pre-packed milk	...	...	...	...	47

The two pasteurising plants located at the M.M.B. Creamery, Felinfach and at Frondeg Farm, Blaenplwyf, were inspected on an average of twice every month for the purpose of checking on the temperature control and operation of the plants. Fifty-three samples of milk taken from the plants were sent to the Public Health Laboratory for the phosphatase test on the efficiency of pasteurisation and all proved satisfactory.

In addition to these plants large quantities of pasteurised bottled milk are brought into the county daily from plants situated in other areas such as Newtown for the Aberystwyth area and Swansea for the Cardigan, Lampeter and Aberaeron areas. Routine visits are made to premises retailing milk obtained already bottled from these sources and also to retail dairymen who bottle ex-farm supplies of untreated milk.

Diseases of Animals

63 samples of raw milk sold by retail were submitted to the Public Health Laboratory for examination for brucellosis by means of the Ring Test but none of the samples showed any evidence of infection.

As a result of Circular 17/66 from the Welsh Board of Health a planned programme of routine sampling has now been agreed with the District Medical Officer of Health so that periodical samples will be taken from all retailers of untreated milk for examination for brucellosis. It is also understood that the Ministry of Agriculture, Fisheries and Food is going to bring out a scheme to contact this disease although details have not yet been announced. The eradication of this disease would serve a two-fold purpose as not only does it cause undulant fever in humans but also results in considerable losses in dairy herds. Cardiganshire attained the distinction of being the first county to be declared disease-free under the Attested Herds Scheme and it is certain that the farmers of the county will once again give their support to a similar scheme to eradicate brucellosis.

Infectious Diseases

The table on page 13 shows the incidence of infectious diseases notified by local authority areas. The cases of food poisoning shown relate to a single outbreak which occurred after a social function in Lampeter, and the causative organism was found to be salmonella typhinurium. The onset was explosive but was of short-lived duration and there were no secondary cases.

Tuberculosis

During the year 20 new cases of tuberculosis were notified by the Chest Physicians, 17 being respiratory tuberculosis and the other 3 being non-pulmonary.

Each new case is investigated as to the environmental conditions at the home, in order to prevent the spread of infection, and any adverse conditions are reported to the District Medical Officer of Health for action by the local Sanitary Authority. Similar action is taken when a person is discharged from hospital. Premises and clothing are disinfected after admission of pulmonary cases to hospital and also in the event of a death at home.

The figures of new cases notified for the first time in each year since 1952 is given below :

Year	New Cases		No. of Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1952	36	7	12	3
1953	47	2	14	1
1954	44	7	5	2
1955	37	5	4	1
1956	43	8	9	2
1957	35	8	6	1
1958	29	3	2	Nil
1959	30	8	5	Nil
1960	25	6	8	2
1961	33	5	8	Nil
1962	18	7	1	1
1963	23	5	1	1
1964	17	5	4	2
1965	14	9	3	Nil
1966	17	3	2	1

Housing

Under Section 116 of the Housing Act, 1957, it is the duty of the County Council to have constant regard to housing conditions in each rural district within its area with particular reference to overcrowding and other unsatisfactory housing conditions. It has also to see that sufficient steps are being taken by the district authorities to remedy these conditions and to provide additional housing.

New Housing

The following table shows the number of new dwellings erected by the various authorities during the year and also since the end of the last war :—

NEW HOUSES BUILT FROM 1945 TO 31.12.66.

	<i>Local Authority Houses</i>		<i>Privately Built Houses</i>	
	<i>Permanent</i>		<i>New Dwellings</i>	
	<i>No. under construction at 31/12/66</i>	<i>No. completed</i>	<i>Under construction at 31/12/66</i>	<i>No. completed</i>
Aberystwyth Borough	—	396	4	144
Cardigan Borough ...	22	335	16	151
Lampeter Borough ...	16	115	4	26
Aberaeron Urban ...	—	59	4	53
New Quay Urban ...	—	34	—	16
Aberaeron Rural ...	28	314	39	159
Aberystwyth Rural ...	78	346	46	536
Teifiside Rural ...	78	381	58	240
Tregaron Rural ...	6	111	6	66
Whole County ...	228	2,091	177	1,391

In addition to the figures given above tenders had been accepted at the end of the year for the building of a further 154 houses, of which 103 are in Aberystwyth Borough 25 in Aberaeron Urban District, 8 in Aberaeron Rural District, 1 in Aberystwyth Rural District and 15 in Teifiside Rural District.

Unfit Houses

There are no slum areas as such within the County but there are still a large number of old houses that have out-lived their useful life and which should be demolished as they cannot be rendered fit for habitation at a reasonable cost. The rural sanitary authorities deal with these as individual unfit houses as and when they become vacant. The following table shows the action taken during the year but in considering these figures it should be realised that the estimated number of unfit houses is based on a survey carried out over ten years ago and that probably the number has increased due to natural deterioration.

<i>Name of Authority</i>	<i>Estimated No. of unfit houses</i>	<i>No. closed or demolished in 1966</i>	<i>Total No. closed or demolished since 1955</i>
Aberaeron R.D.C. ...	200	2	125
Aberystwyth R.D.C. ...	86	—	47
Teifside R.D.C. ...	366	4	19
Tregaron R.D.C. ...	213	4	39

Housing Improvement Grants

With the implementation of sewerage schemes in the villages local authorities are able to encourage house-owners to install bathrooms with modern conveniences for which they are able to offer grants of up to 50% of the cost. As has been stated in previous reports the requirements for a Discretionary Grant of up to £400 prevented many people from taking advantage of the grant as it required full compliance with modern building standards in respect of the whole house in such things as window areas and ceiling heights and as this requirement could sometimes involve the owners in expenditure out of proportion to the value of the house. Since 1964 the Standard Grant (formerly £155) has been increased to up to a maximum of £350 where the owners of older houses wish to install a bathroom and drainage system and from the figures given below it is obvious that this grant is proving more attractive in rural areas than the Discretionary Grant of up to £400.

A summary of the work of the Rural District Councils in this field during 1966 is as follows :—

<i>Name of Authority</i>	<i>Number of discretionary grants approved</i>	<i>Number of standard grants approved</i>
Aberaeron R.D.C. ...	23	40
Aberystwyth R.D.C. ...	31	35
Teifside R.D.C. ...	14	51
Tregaron R.D.C. ...	12	24

Rural Water Supplies and Sewerage Acts, 1944—1965

Under the provisions of these Acts local authorities are required to provide a supply of wholesome water in pipes to every rural locality in which there are houses or schools. In order to enable this to be done the Ministry of Housing and Local Government makes grants available towards the cost of such works as the expense of providing either a piped water supply or a sewerage scheme is considerably greater in rural areas with a scattered population than in a built-up urban area.

The Act requires that where a local sanitary authority or a joint board apply for a Ministry grant the proposals have to be referred to the County Council for their observations and such observations are considered by the Ministry before approving the schemes. Where a Ministry grant is made, the County Council is likewise required to make a grant, and it is the County Council's policy to grant the equivalent of 50 per cent of the Ministry grant.

Water Schemes

The following applications by the Cardiganshire Water Board for grants towards extensions of public water mains were approved during the year :—

- (i) The laying of a new main from Blaenannerch to Parclyn, Aberporth to provide a supply for twelve new houses being built at the Royal Aircraft Establishment, Aberporth. This scheme will also supply twenty new houses being built at Blaenannerch by the Teifside R.D.C.
- (ii) A scheme to relay part of the old "mountain main" between Goginan and Capel Bangor in order to transfer properties on the old main to the supply from the Capel Seion reservoir of the Llyn Craig-y-Pistyll scheme. The old mains were badly connected and the proposed scheme will provide an improved supply to 136 properties and to three new properties.
- (iii) A small extension to supply two isolated properties near Abermagwr.
- (iv) An extension to supply eight properties above Talybont.
- (v) An extension to supply eight properties on the outskirts of Llanbadarn near Dolgerddinen.
- (vi) An extension to supply five isolated properties near Bethania.
- (vii) An extension to supply three farms and one house near Maesllyn, Llangwryfon.
- (viii) An extension of the Teifi Pools main from Tynygraig to Banc Llanafan, New Row and Devils Bridge. The main has been routed near to Llanafan where it can augment the existing supply to that village if necessary. Apart from augmenting the supply to Llanafan and Devils Bridge the scheme will provide a supply to 131 properties en route which are at present without a mains supply or are dependent on very small untreated supplies such as at New Row and Trisant.

Sewerage Schemes

The following new schemes for sewerage and sewage disposal works were submitted and approved during the year :—

- (i) An amended scheme submitted by the Tregaron R.D.C. for a sewerage scheme for Tregaron to cater for approximately 250 properties at an estimated cost of £114,000. A similar scheme approved in 1962 was not proceeded with on account of difficulties encountered in the acquisition of a site for the disposal works but an alternative site has now been found. Tregaron is in urgent need of such a scheme and it is hoped that it will be proceeded with as soon as possible.
- (ii) A comprehensive scheme submitted by the Aberystwyth R.D.C. for the villages of Bow Street, Llandre, Rhydypennau, Penrhyncoch and Commins Coch. There is an existing scheme at Bow Street and part of Commins Coch is sewered. It is now proposed to enlarge the scheme to take in the other villages mentioned. The estimated cost of the scheme is £240,000 and will serve 415 properties.
- (iii) A small extension by the Aberaeron R.D.C. of the Cross Inn and Nebo sewerage scheme to serve seven properties at an estimated cost of £7,800.
- (iv) A sewerage scheme for the hamlet of Cei-Bach submitted by the Aberaeron R.D.C. to supply eight houses, a caravan site and new public conveniences. The scheme will be connected to the nearby Gylfachrheda disposal works and is estimated to cost £10,000. There is an urgent need for public conveniences at Cei-Bach as the beach there is frequented by hundreds of visitors.
- (v) Another similar application was submitted by the Aberaeron R.D.C. for Cwmtedu to cater for new conveniences proposed to be erected near the beach there. The estimated cost is £6,600 and will cater for five existing houses and a further six houses proposed to be erected there.

During the year work proceeded on the following schemes which had previously been approved :—

- (i) Work commenced on the Felinfach, Ystrad and Temple Bar sewerage scheme by the Aberaeron R.D.C.
- (ii) The Gorsgoch sewerage scheme was commenced by the Aberaeron R.D.C.
- (iii) Work commenced on the joint sewerage scheme for the villages of Nanternis, Caerwedros and Llwyndafydd by the Aberaeron R.D.C.
- (iv) Work continued on the Borth sewerage scheme by the Aberystwyth R.D.C.
- (v) The sewerage scheme for Talybont was completed by the Aberystwyth R.D.C.
- (vi) The Llangranog sewerage scheme was completed by the Teifside R.D.C.
- (vii) Work continued on the joint sewerage scheme for Adpar and Newcastle Emlyn by the Teifside R.D.C.
- (viii) The Cross Inn and Nebo sewerage scheme was completed by the Aberaeron R.D.C.

EVAN RICHARDS,
County Public Health Inspector

CARDIGANSHIRE EDUCATION COMMITTEE

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1966

To the Chairman and Members of the Education Committee

I have pleasure in presenting the Annual Report of the School Health Service for the year which ended on December 31st, 1966.

Recruitment of doctors, dentists, and health visitor/school nurses has not been as easy as in the past but fortunately at least one suitable applicant presented himself at interview. As a consequence the establishment of the department is up to strength in all three sections.

The new comprehensive clinic at Aberystwyth was handed over in June and a little later was visited by Dr. Dorothy M. Llewellyn, senior medical officer of the Ministry of Education, together with two of her Majesty's Inspectors. A consultant child psychiatrist having at last been appointed by the Welsh Hospital Board, the child guidance section of the building could begin to be put to use. The local authority was fortunate in obtaining the services once more of a trained psychiatric social worker, Mrs. Mair Piette, B.A., who had a few years previously been obliged to resign for domestic reasons.

A new clinic building was also completed at Lampeter during the year where some of the facilities are primarily designed for education purposes.

Unfortunately the former speech therapist resigned on leaving the district and recruiting a trained successor proved very difficult. At the end of the year, however, prospects seemed brighter.

A more detailed account of School Health work is given in the ensuing pages. A section on Dental Health has been prepared by Mr. W. D. Percival Evans, J.P., the Principal School Dental Officer, and one on the School Psychological Service by Dr. Cyril James, the Consultant Educational Psychologist. Mr. Evan Richards, the County Public Health Inspector, deals with the hygiene of school kitchens and canteens, school water supplies and sanitation, and the milk in schools scheme.

I. MORGAN WATKIN,
Principal School Medical Officer

REPORT OF MR. W. D. PERCIVAL EVANS PRINCIPAL SCHOOL DENTAL OFFICER

I have much pleasure in presenting my report for the year ending 1966. The year will be significant in the history of the School Dental Service in Cardiganshire, in that two new Health Clinic Buildings were built—one with three dental surgeries at Aberystwyth, and the other at Lampeter with one dental surgery. All dental surgeries have modern dental equipment. The Dental Officers and staff appreciate working under these modern conditions very much, and are grateful to the members of the Authority and all others who helped to make this possible.

An examination of the Table at the end of the Report will show the amount of dental work that was carried out during 1966 and that the work continues to increase from year to year.

Research work has shewn that the control of dental disease is most effective during the early formative years and as I have stressed many times before, it is obvious that everything that is done in schools and at home to prevent dental troubles at an early age is common sense.

Unfortunately there are still many parents who do not bring their children to the dentist until they have "toothache" and often at this stage the only treatment possible is extraction. This attitude to dentistry is fortunately on the decline and there are an increasing number of parents who now seek regular inspections, and whilst this trend continues the dental health of the community will no doubt improve.

The Ministry of Health has sent a letter to all Local Health Authorities urging them to bring the "Fluoride" content of their water supplies to the accepted concentration. The letter says that in the Minister's view fluoridation is an established and well proven public health measure; he is convinced that it is completely safe, and he hopes now that all local authorities will take steps to make arrangements for its introduction without further delay.

A number of Authorities have already agreed in principle to fluoridation, others have not given the measure their full consideration, whilst others may not yet be ready to accept it. I think it is fair to say that those councils and committees who have to decide whether or not to fluoridate the water supply should look for guidance to those who are competent to make authoritative statements on the value and safety of the procedure. There is an overwhelming majority of expert opinion in favour of it and there is indisputable evidence that it greatly improves the dentition of those children who drink it from birth. Medical Authorities all over the world agree that no adverse effects to any part of the body have arisen from drinking it.

In conclusion, Fluoridation is not treatment for the decayed tooth, it is a measure for providing an essential constituent for the growing tooth in the growing child. It is the most practical means we have today of reducing dental decay. The case for Fluoridation is, that combined with oral hygiene and preventive dentistry, it will in future prevent and eliminate a vast amount of dental disease. There will be a reduction of dental sepsis, pyorrheae and root abscesses, and of systematic invasion of the body by bacteria and their poisons. Disease in and around the teeth is without a doubt a contributory factor in other diseases and dramatic results have been achieved at times by the extraction of septic teeth. It must be remembered that with "Fluoridation" we are presented with a public health measure that can greatly improve the dental health of the nation. It has been exhaustively investigated by the Ministry of Health and is now unreservedly advocated by the Government.

It is indeed essential that the co-operation of all those who are interested in Public Health should be sought to further this measure for safeguarding dental health and reducing dental disease.

W. D. PERCIVAL EVANS
Principal School Dental Officer

REPORT OF MR. EVAN RICHARDS, COUNTY PUBLIC HEALTH INSPECTOR

Milk-in-Schools Scheme

All schools in the county continued to be supplied with milk throughout the year. Out of 103 schools and other educational establishments covered by the scheme 86 are supplied with milk in one-third pint bottles complete with straws and the remaining 17 are supplied with untreated milk in bulk containers from nearby farms.

There were some changes of supply during the year and wherever possible efforts were made to obtain a supply of pasteurised milk in lieu of untreated milk. There is however still a number of small schools in the more isolated parts where it is impossible to obtain a supply of either pasteurised or untreated milk in bottles and the only alternative is to accept a supply of untreated milk in bulk. The classification of supplies at the end of the year were as follows :—

No. of schools receiving pasteurised milk in one-third bottles	...	...	59
No. of schools receiving untreated milk in one-third bottles	...	...	27
No. of schools receiving untreated milk in bulk containers	...	...	17

During the year 213 visits were made to schools, farms and dairies in connection with this work. Routine samples are submitted to the Public Health Laboratory at Aberystwyth for the statutory tests and in the case of untreated supplies the samples are also tested for brucellosis by means of the Ring Test. One slight outbreak of sickness in 23 children at two schools was traced to *Staphylococcus aureus* in the milk supply ; the supply was immediately suspended and an alternative supply of pasteurised milk was made available.

Infectious Diseases

Apart from the usual outbreaks of measles, of which there were 191 cases in the Aberystwyth district, there were no outbreaks of any other infectious disease.

Reference was made in last year's report to the outbreak of infectious hepatitis at Myfenydd V.P. School and to the fact that there had been sporadic cases at the school for several years. The steps taken to close the school for five weeks in order to cut the chain of cross infection achieved the desired result and there have been no further cases during the last eighteen months.

The use of paper towels has always been one of the precautions taken after an outbreak of infectious disease in schools but because of cost it was not possible to make them a standard issue to schools. After an experimental period on the use of these towels at one of the secondary schools in order to assess the cost, wastage and disposal problems involved, the Education Committee has now approved of their issue to all schools as from April, 1967. This is a further step forward in the teaching of hygiene to children and there is no doubt that the old roller towels have been responsible for the spread of innumerable cases of infectious disease.

School Kitchens and Canteens

During the year 207 visits were made to the various school kitchens for the purpose of checking on the quality of the various foodstuffs supplied thereto and also to check on sanitary conditions in order to comply with the Food Hygiene Regulations. The conditions of the canteens are being constantly improved by minor improvements such as the replacement of any defective sinks, drainage boards and working surfaces,

and such improvements when recommended always receive the full support of the School Meals Committee.

One kitchen to which particular attention must be drawn is that at Tregaron Secondary School. This is a pre-fabricated concrete Kitchen—Dining Room that was erected shortly after the last war but it is badly affected by condensation, the whole building is damp throughout and there is no doubt that it is unsatisfactory and prejudicial to the health of both kitchen staff and pupils. A report to this effect has been accepted by the Committee and it is proposed to provide a new building in the next financial year.

School Water Supplies and Sanitation

With the coming of a main water supply to the district Brynherbert C.P. School was connected to the mains to replace the existing supply from a well within the school grounds. The private piped supply to Penmorfa School was also discontinued and the school connected to the new mains. The only other school in the county that is still dependent on a private well is Cofadail School.

Now that the schools are provided with an adequate supply of water and water-borne drainage the next step is to modernise the facilities at the older schools by providing conveniences within or under the same roof as the school buildings in place of the old toilet blocks some distance away. This is standard practice in the design of new schools and it is also being adopted by the Education Committee whenever any of the older schools are being re-modelled.

SCHOOL PSYCHOLOGICAL SERVICE

SPECIAL EDUCATIONAL TREATMENT

Report of Dr. Cyril James, Consultant Psychologist

The School Psychological Service in Cardiganshire, has followed the pattern of previous years and has worked in close consultation with the School Health Service. This has facilitated the assessment, placement and treatment of handicapped pupils in association with the general education of ordinary pupils in the schools themselves.

Such a service organised along lines familiar to the British Psychological Society (Pamphlet September 1962), according to Circulars 347 and 11/61 of the Department of Education and Science, has fostered advisory and clinical facilities which contribute to the healthy development of pupils through the application of psychological knowledge to education and mental health.

Details of children examined by the Educational Psychologist during 1966 and recommended for various forms of special educational treatment are as follows :—

Table I—PSYCHOLOGICAL DIAGNOSTIC EXAMINATIONS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
(i) Educationally			
(a) Retarded	4	1	5
(b) Backward	5	2	7
(c) Dull	3	1	4
Total	12	4	16
(ii) Subnormal (unsuitable for education at school)	2	—	2
(iii) Maladjusted (wholly)	1	—	1
(iv) For Educational Guidance	5	—	5
(v) Gifted Pupils	1	—	1
(vi) Organic	1	—	1
Grand Total	10	—	10

The following children were recommended for various types of treatment. :—

Table II
RECOMMENDATIONS FOR SPECIAL EDUCATIONAL TREATMENT

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Residential Special School			
(a) E.S.N.	4	—	4
(b) Partially Sighted	—	—	—
(c) Physically Handicapped (Spastic)	1	—	1
Ordinary School : Remedial Unit ...	—	—	—
Ordinary School : Observation ...	15	2	17
Junior Training Centre (Felinfach)	2	0	2
Audiometric Examination ...	—	—	—
Speech Therapy	2	0	2
Psychiatric Referral	8	1	9
Paediatric Referral	5	0	5
Neurological Referral	1	0	1
Remedial Teaching	6	3	9
Vocational Guidance*	—	—	—
Educational Guidance	7	0	7
Hospital Special Units	—	1	1
Home Tuition†	1	1	2
Medical Opinion (inc. Orthop.) ...	22	5	27

*—9 children left Highmead R.S.S. were referred to Youth Employment Officers.

†—2 children are receiving Home Tuition including 1 case of "School Phobia" + Organic Disorder.

In addition to those children examined by the Psychologist during 1966 action was taken in respect of the supervision of others examined in previous years.

Residential Special School facilities for educationally subnormal pupils with sociological difficulties were much in demand since their parents have now become aware of the value of such treatment. During the year the screening of children produced a full complement as well as a waiting list. Many parents are awaiting the opportunity afforded by the Authority to place their children when the new extensions are complete.

Local arrangements for special educational treatment continued to improve and the staff of the remedial units have done exemplary work in both the primary and secondary schools.

As in previous years a survey was made of those pupils who were provisionally deemed by the Headteachers to require special educational treatment. The statistics are as follows :—

Table III

SURVEY OF PUPILS DEEMED PROVISIONALLY TO REQUIRE S.E.T.

	<i>All Age Groups</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Subnormal	12	8	20
Dull	22	7	29
Backward	51	26	77
Retarded	8	—	8
Maladjusted	6	3	9
Total	99	44	143

The following statistics relate to children admitted to and discharged from Highmead Residential Special School :—

Table IV

S.E.T. AT HIGHMEAD RESIDENTIAL SPECIAL SCHOOL FOR E.S.N. PUPILS

	<i>Admissions 1966</i>			<i>Discharges 1966</i>			<i>Resident 1.1.67</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Carmarthenshire	6	2	8	7	3	10	24	19	43
Pembrokeshire	3	3	6	2	4	6	11	12	23
Cardiganshire	2	2	4	2	1	3	9	3	12
Out/County	—	1	1	—	—	—	—	1	1
Total	11	8	19	11	8	19	44	35	79

The screening procedure before entry ensured that account was taken of the psychological, medical and social factors which affected the child's educational progress.

Highmead Residential Special School continued to enjoy a good reputation among parents in West Wales who, with few exceptions, were happy to avail themselves of the number of places offered to them. The pupils themselves made relatively satisfactory progress in relation to the limitations of their disabilities and when account was taken of sociological difficulties and personality defects, they benefited from the relaxed atmosphere and benevolent discipline which produced a secure scholastic environment enabling the children to proceed at their own slow pace in basic subjects taught on the perceptual level of reasoning through a varied curriculum and methodology—varying from animal husbandry to pottery where the practical cost of rearing chickens was set against the therapeutic creative use of clay.

The building of the new extensions have reached an advanced stage and several facilities have been improved. Scholastic and domestic staff follow an even tenor which is appreciated by both children and parents in their weekend visits.

Some teachers have left to take up headships in neighbouring schools where they are enabled to put to good use techniques which have proved so successful with slower children. The “new blood” introduced into the school also serves as a means of keeping abreast with new ideas. Many visits have been paid to the school by interested bodies as well as students in training.

It is of interest to note that the progress of pupils is under constant and systematic review by the Psychologist in case conferences with the Headteacher and in consultations with a most helpful Sub-Committee whose members take a personal interest in the welfare of the children.

Through the co-operation of the Directors of Education of the three Authorities concerned the respective Youth Employment Officers have arranged for the school leavers to receive Vocational Guidance. The provision of after care for pupils who have left school presents a serious problem particularly in respect of pupils who are virtually “unemployable”. The parents have made a request for further education to be continued to the age of twenty-one but official enquiries indicate that such provision does not exist anywhere in the United Kingdom.

The Handicapped Pupils Return completed by Headteachers in all the schools of the three Counties enables all age groups to be systematically surveyed as a preliminary to ascertainment. With the provision of more sessions by the School Medical Officers it should prove possible to increase the number of cases examined on referral from schools. It is also hoped that increased provision of special educational treatment will reduce the discrepancy between ascertainment and placement in suitable units.

Arrangements have been made for the following handicapped pupils to receive special educational treatment at Residential Special Schools.

Table V—S.E.T. AT RESIDENTIAL SPECIAL SCHOOLS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Blind	—	—	—
Partially Blind	—	2	2
Deaf	1	2	3
Impaired Hearing	1	—	1
Delicate	—	—	—
Physically Handicapped (Misc.) ...	3	2	5
Maladjusted	4	—	4
Epileptic... ..	—	—	—
E.S.N.	1	—	1
TOTAL	10	6	16

Among the facilities which have given children help are the allied units at Pen-parcau and Lampeter which draw pupils from primary and secondary schools and the Unit at Cardigan which has pupils from the local primary school where it is envisaged that when the new school is opened better provision will be made available.

Table VI—S.E.T. AT REMEDIAL EDUCATION UNITS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
(i) Retarded	1	0	1
(ii) Backward	6	1	7
(iii) Dull	2	0	2
(iv) Maladjusted	1	0	1
TOTAL	10	1	11
(v) Reading Assessment	15	3	18

It is hoped that facilities for remedial education will be extended.

The Bronaeron School (Junior Training Centre) which opened in late 1965 has already proved its worth. The architecturally designed purpose-built building has relieved many homes and some schools of the anxiety of dealing with the more unfortunate slower children. The number of children attending is 17 boys and 11 girls (total 28 including two pupils from Carmarthenshire). It is of interest to note that the sociological improvement of two children has led to their reassessment and recommendation for special educational treatment at school.

The most urgent need for West Wales appears to be that of the establishment of a day-cum-residential Diagnostic Unit, centrally placed at Carmarthen, for the assessment and treatment of special recurring cases of problem children with sociological and educational difficulties. The suggested siting at Carmarthen would profit from proximity to a variety of educational and welfare facilities.

The situation in respect of the treatment of maladjusted children has improved by virtue of the appointment of a Consultant Child Psychiatrist based at St. David's Hospital, Carmarthen.

By dovetailing School Records including the results of school surveys with clinical records, it has been possible through the School Psychological Service to facilitate the provision of a variety of types of education for different categories of pupils in such a way that all children ranging from the quick to the slow and physically handicapped have a relatively equal opportunity of profiting from an education suited to the particular stage of their development—physically, mentally and socially. In respect of the latter the co-operation of the Mental Health Section of the Health Department has been greatly appreciated particularly the work of the health visitors and social workers.

In brief there has been close liaison between the School Psychological Service and the School Health Service as well as with the schools themselves whilst both the statutory services of the Local Authority and the Regional Hospital Board have played their part in fostering the educational progress and mental health of the children, the fit and the handicapped, through an integrated and comprehensive approach to their individual problems.

CYRIL B. E. JAMES, B.A., M.ED., PH.D., F.B.P.S.S.

Consultant Educational Psychologist

**Part I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

Table A—PERIODIC MEDICAL INSPECTIONS

**Number of Pupils on Registers of Maintained Primary and Secondary Schools in
January, 1967 ... 8,794.**

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medi- cal examin- ation	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examin- ation	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory		for de- fective vision (excluding squint)	for any other con- ditions recorded at Part II	Total individual pupils
		No.	No.				
1962 and later	1	1	0	—	0	1	1
1961	58	58	0	—	8	26	28
1960	516	513	3	—	92	219	271
1959	54	53	1	—	13	30	38
1958	29	29	0	—	6	12	16
1957	17	16	1	—	5	4	8
1956	426	423	3	—	62	145	181
1955	224	223	1	—	30	87	101
1954	39	39	0	—	1	15	15
1953	34	34	0	—	1	8	9
1952	425	424	1	—	53	80	96
1951 and earlier	203	201	2	—	26	53	73
TOTAL	2,026	2,014	12	—	297	680	837

99.40% of the pupils examined were found to be in a satisfactory physical condition, the percentage unsatisfactory being 0.60%.

Table B—OTHER INSPECTIONS

Notes :—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections ...	...	...	40
Number of Re-inspections ...	...	...	603
		Total ...	643

Table C—INFESTATION WITH VERMIN

Notes :—All cases of infestation, however slight, are included in Table C. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons ...	...	...	39,892
(b) Total number of individual pupils found to be infested ...	...	...	135
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	...	...	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	...	...	Nil

Part II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Table A—PERIODIC AND SPECIAL INSPECTIONS

Note :—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they are under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease				PERIODIC INSPECTIONS				Special Inspections	
					Entrants	Leavers	Others	Total		
4	Skin	...	...	...	T	3	7	5	15	—
					O	17	8	11	36	—
5	Eyes— <i>a.</i> Vision	...	...	...	T	39	35	29	103	—
					O	85	37	62	184	—
	<i>b.</i> Squint	...	...	...	T	11	1	2	14	—
					O	2	1	2	5	—
	<i>c.</i> Other	...	...	...	T	—	—	—	—	—
					O	5	3	2	10	—
6	Ears— <i>a.</i> Hearing	...	...	...	T	8	—	6	14	—
					O	5	3	5	13	—
	<i>b.</i> Otitis Media	...	...	...	T	5	—	4	9	1
					O	24	7	13	44	1
	<i>c.</i> Other	...	...	...	T	1	—	1	2	—
					O	—	1	—	1	—
7	Nose and Throat	...	...	...	T	18	2	4	24	3
					O	68	26	30	124	—
8	Speech	...	...	...	T	5	2	4	11	—
					O	10	2	4	16	—
9	Lymphatic Glands	...	...	...	T	5	—	2	7	—
					O	36	5	7	48	—
10	Heart	...	...	...	T	1	—	—	1	—
					O	20	4	9	33	—

Defect Code No.	Defect or Disease				PERIODIC INSPECTIONS				Special Inspections
					Entrants	Leavers	Others	Total	
11	Lungs	T			5	1	1	7	—
		O			29	9	8	46	4
12	Developmental— <i>a.</i> Hernia ...	T			—	—	—	—	—
		O			1	—	—	1	—
	<i>b.</i> Other ...	T			—	3	1	4	—
		O			17	5	22	44	3
13	Orthopaedic— <i>a.</i> Posture ...	T			2	4	4	10	3
		O			5	13	4	22	—
	<i>b.</i> Feet ...	T			18	6	19	43	2
		O			25	24	44	93	—
	<i>c.</i> Other... ..	T			8	4	3	15	—
		O			17	12	25	54	—
14	Nervous System— <i>a.</i> Epilepsy ...	T			—	—	1	1	—
		O			2	2	2	6	—
	<i>b.</i> Other ...	T			1	1	1	3	2
		O			2	2	5	9	1
15	Psychological— <i>a.</i> Development	T			4	—	7	11	3
		O			12	2	7	21	1
	<i>b.</i> Stability ...	T			—	—	1	1	1
		O			5	—	4	9	1
16	Abdomen	T			2	—	1	3	—
		O			9	1	9	19	1
17	Other	T			2	1	7	10	1
		O			12	16	16	44	12

**Part III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND
ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint) ...	160
Total	160
Number of pupils for whom spectacles were prescribed	112

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases
Received operative treatment	
(a) for diseases of the ear	23
(b) for adenoids and chronic tonsillitis ...	174
(c) for other nose and throat conditions ...	8
Received other forms of treatment ...	14
Total	219
Total number of pupils in schools who are known to have been provided with hearing aids :	
*(a) in 1966	1
(b) in previous years	Nil

*A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

Table C—Orthopaedic and Postural Defects

	Number of cases
(a) Pupils treated at clinics or out-patients departments	341
(b) Pupils treated at school for postural defects	64
Total	405

Table D—Diseases of the Skin

(excluding uncleanness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp ...	Nil
(b) Body ...	11
Scabies	1
Impetigo	4
Other skin diseases ...	9
Total	25

Table E—Child Guidance Treatment

	Number of Pupils
Treated at Child Guidance Clinics ...	26

Table F—Speech Therapy

	Number of cases
Pupils treated by speech therapists	169

Table G—Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with minor ailments	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination ...	526
(d) Other than (a), (b) and (c) above ...	—
TOTAL	526

Part VI—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY

Number of Pupils on the Register of Maintained Primary and Secondary
Schools including Nursery and Special Schools on January 1, 1967 ... 8,794

Attendances & Treatment	Ages 5 to 9	Ages 10 to 24	Ages 15 and over	Total
First Visit	1,124	939	582	2,645
Subsequent visits	701	1,249	887	2,837
Total Visits	1,825	2,188	1,469	5,482
Additional courses of treatment commenced	14	14	11	39
Fillings in permanent teeth ...	356	1,522	1,262	3,140
Fillings in deciduous teeth ...	256	27	—	283
Permanent teeth filled ...	290	1,429	1,066	2,785
Deciduous teeth filled ...	260	33	—	293
Permanent teeth extracted ...	123	674	558	1,355
Deciduous teeth extracted ...	1,318	522	—	1,840
General anaesthetics ...	1,032	536	185	1,753
Emergencies	31	51	73	155

Number of Pupils X-rayed	185
Prophylaxis	125
Teeth otherwise conserved	199
Number of teeth root filled	9
Inlays	4
Crowns	17
Courses of treatment completed ...	590

Orthodontics	Cases remaining from previous year ...	60
	New cases commenced during year ...	78
	Cases completed during year ...	17
	Cases discontinued during year ...	8
	No. of removable appliances fitted ...	78
	No. of fixed appliances fitted ...	1
	Pupils referred to Hospital Consultant	53

Prosthetics	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	2	1	3
Pupils supplied with other dentures (first time) ...	—	27	41	68
Number of dentures supplied ...	—	29	42	71

Anaesthetics—General Anaesthetics administered by Dental Officers	104
--	------------

Inspections :	(a) First inspection at school. Number of Pupils	...	4,617
	(b) First inspection at clinic. Number of Pupils	...	479
	Number of (a) + (b) found to require treatment	...	3,985
	Number of (a) + (b) offered treatment	...	3,078
	(c) Pupils re-inspected at school clinic	...	177
	Number of (c) found to require treatment	...	135
Sessions—	Sessions devoted to treatment	...	1,118
	Sessions devoted to inspection	...	81
	Sessions devoted to Dental Health Education	...	41

SCHOOL CLINICS, 1966

Clinic	Location		Number of sessions held	Total number of sessions held
	Local Authority Premises	Other Premises		
Minor ailments	—	—	—	—
Dental	Aberystwyth Aberaeron Cardigan Lampeter Llandysul Tregaron Dinas Highmead R.S.S.	— — — — — — — —	778 30 86 50 30 8 21 23	1026 (This total does not include dental sessions held in classrooms of primary schools).
Ophthalmic ...	—	Aberystwyth	99	99
Orthopaedic ...	Aberystwyth Cardigan — — — —	— — Aberaeron Lampeter Llandysul Tregaron	19 6 10 13 5 2	55
Speech Therapy	Aberystwyth Aberystwyth C.P. School Ardwyn Cardigan C.P. Cardigan Infts. Dinas Highmead Lampeter Penparcau C.P. Penparcau Infts. Penyparc C.P. Tregaron Grammar Verwig Ysgol Gymraeg (Absth) —	— — — — — — — — — — — — — — — Aberaeron Lampeter Llandysul	7 4 2 4 2 6 12 14 2 2 — 1 — 2 3 4 2	67

**REPORT OF WORK DONE BY THE ORTHOPAEDIC SISTER FOR
THE YEAR 1966**

AREA	No. of Clinics held during Year	Attendances			No. of cases of Remedial Exercises Manipulation and Massage
		New Cases	Others	Total	
Aberaeron ...	10	27	28	55	30
Aberystwyth	19	32	74	106	88
Cardigan ...	6	19	26	45	35
Lampeter ...	13	11	49	60	42
Llandysul ...	5	19	12	31	16
Tregaron ...	2	7	5	12	10
TOTALS ...	55	115	194	309	221

Attendances at Mr. R. L. Rees' Clinics ...	4
Attendances at Mr. MacFarlane's Clinics ...	41
No. of hospital visits for shoe fitting ...	19
No. of visits to physiotherapy clinics ...	3
No. of visits to M. & C. W. Clinics ...	27

School Visited	No. of Children seen	School Visited	No. of Children seen
Aberaeron Secondary	20	Ffynnon Bedr C.P.	1
Aberporth C.P.	4	Lampeter Secondary	38
Cardigan Infants	11	Llanon C.P.	4
Cardigan C.P.	4	Llangeitho C.P.	1
Cellan C.P.	3	Tregaron Secondary	3
Cwmpadarn C.P.	1	Ysgol Bronaeron	76
Dihewid C.P.	2		

In addition, 369 domiciliary visits were carried by the Orthopaedic Sister

**HEALTH VISITORS/SCHOOL NURSES' REPORT ON SCHOOL WORK FOR THE
YEAR ENDED 31st DECEMBER, 1966**

District and name of Health Visitor	Names of Schools visited	No. of Times visited	No. of Children examined	No. found verminous	No. suffering from minor ailments
Penglais, Llanbadarn and Capel Bangor Miss S. A. E. MORGAN	Cwmpadarn C.P.	8	341	1	4
	Commings Coch C.P.	1	1	—	1
	Goginan C.P.	3	32	—	—
	Penllwyn C.P.	6	102	—	—
	Penrhyncoch V.P.	1	34	—	—
	Trefeurig C.P.	2	17	—	3
	Ardwyn Grammar	10	146	—	54
	Total	31	673	1	62
Penparcau and Llanfarian Mrs. S. E. MORRIS	Aberystwyth C.P.	2	2	—	—
	Llanafan C.P.	13	255	—	—
	Llanfarian C.P.	8	208	—	2
	Llanfihangel C.P.	12	245	—	—
	Llanilar C.P.	11	345	—	1
	Myfenydd V.P.	1	25	—	—
	Penparcau C.P.	15	1,148	—	8
	Penparcau Infts.	16	1,013	—	5
	Total	78	3,241	—	16
Aberystwyth Town Centre and Devil's Bridge Miss C. HUGHES EVANS	Aberystwyth C.P.	32	1,108	—	4
	Capel Seion C.P.	12	171	—	—
	Mynach C.P.	13	258	—	—
	Ponterwyd C.P.	13	321	—	—
	Ysgol Gymraeg	24	885	—	4
	Total	94	2,743	—	8
Rhydypennau, Talybont and Glandyfi Miss V. O. DAVIES	Borth C.P.	8	113	1	1
	Borth V.P.	4	74	—	—
	Commings Coch C.P.	9	366	—	2
	Eglwysfach C.P.	4	35	1	—
	Penrhyncoch V.P.	3	70	—	—
	Rhydypennau C.P.	6	107	—	—
	Talybont C.P.	3	79	—	—
	Taliesin C.P.	1	29	—	—
	Dinas Secondary	8	291	5	2
	Total	46	1,164	7	5
Llandysul Miss E. A. V. JENKINS	Adpar C.P.	10	368	—	—
	Blaenau C.P.	1	24	—	—
	Brongest C.P.	13	151	—	—
	Capel Cynon C.P.	12	296	—	1
	Capel Dewi	12	371	—	—
	Coedybryn C.P.	11	237	—	—
	Cwrtnewydd C.P.	12	400	—	—
	Llandysul C.P.	15	1,236	4	—
	Pontsiân C.P.	18	429	19	—
	Tregroes C.P.	12	460	—	1
	Trewen C.P.	12	533	1	—
	Aberbanc V.P.	11	529	—	2
	Llanwenog V.P.	12	334	—	—
	Llandysul Grammar	9	840	2	—
	Total	160	6,208	26	4
Cardigan Miss D. M. DAVIES	Cardigan C.P.	16	2,264	27	2
	Cardigan Infants	14	1,462	18	3
	Llechryd C.P.	12	552	—	—
	Llandygwydd V.P.	13	393	—	—
	Penyparc C.P.	12	870	6	2
	Verwig C.P.	9	297	—	—
	Cardigan Secondary	11	2,100	5	—
	Total	87	7,938	56	7

HEALTH VISITORS/SCHOOL NURSES' REPORT ON SCHOOL WORK—Continued

District and name of Health Visitors	Names of Schools visited	No. of Times visited	No. of Children examined	No. found verminous	No. suffering from minor ailments
Llangranog Miss N. MORGAN	Aberporth C.P.	8	546	—	—
	Beulah C.P.	6	142	—	—
	Caerwedros C.P.	7	148	—	—
	Glynarthen C.P.	6	164	—	—
	Gwenlli C.P.	8	160	—	—
	Llanllwchaearn C.P.	6	112	—	—
	New Quay C.P.	8	366	—	—
	Penmorfa C.P.	6	158	—	—
	Pontgarreg C.P.	7	213	—	—
	Rhyd Lewis C.P.	6	93	—	—
	Talgarreg C.P.	7	224	2	—
	Blaenporth V.P.	7	320	—	—
	Total	82	2,646	2	—
Aberystwyth (South) Miss D. J. MORGAN	Bronant C.P.	13	275	—	4
	Brynherbert C.P.	17	369	4	11
	Bwlchyllan C.P.	12	143	—	3
	Cilcennin C.P.	13	308	—	6
	Cofadail C.P.	15	235	—	7
	Cross Inn C.P.	14	349	2	10
	Llangwryfon C.P.	11	219	—	3
	Llanon C.P.	16	657	—	16
	Lledrod C.P.	14	167	—	5
	Penuwch C.P.	13	305	1	5
	Tanygarreg C.P.	12	231	—	3
	Trefilan V.P.	12	244	—	7
	Myfenydd V.P.	19	534	4	18
	Total	181	4,036	11	98
Aberaeron Miss E. A. MORGAN	Aberaeron C.P.	13	1,136	—	2
	Aberarth C.P.	11	322	—	—
	Blaenau C.P.	13	260	10	3
	Ciliau Parc C.P.	11	244	—	—
	Cribyn C.P.	19	754	9	1
	Dihewyd C.P.	10	203	3	4
	Llanarth C.P.	11	467	—	—
	Mydroilyn C.P.	13	355	—	7
	Pennant C.P.	13	300	—	1
	Penlon C.P.	11	434	—	1
	Aberaeron Sec.	18	1,626	1	—
	Total	143	6,101	23	19
Lampeter Miss M. MORRIS	Bettws Bledrws V.P.	12	104	—	—
	Cellan C.P.	12	293	—	—
	Felinfach C.P.	9	300	—	—
	Ffynnon Pedr C.P.	6	482	—	—
	Llanfair C.P.	19	286	—	11
	Llangybi C.P.	12	298	—	19
	Llanwnen C.P.	10	304	—	—
	Silian C.P.	11	275	—	—
	Ysgol Bronaeron	32	497	—	29
	Lampeter Secondary	20	523	—	—
	Highmead Residential	12	640	9	1
	Total	155	4,002	9	60
Tregaron Mrs. M. LEWIS	Castell Flemish C.P.	10	41	—	—
	Gartheli C.P.	8	37	—	—
	Llanddewi Brefi C.P.	11	147	—	—
	Llangeitho	11	177	—	—
	Pontrhydfendigaid C.P.	11	159	—	—
	Swyddffynnon C.P.	11	63	—	—
	Tregaron C.P.	12	293	—	—
	Ysbyty Ystwyth C.P.	10	114	—	—
	Tregaron Secondary	12	109	—	—
	Total	96	1,140	—	—

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